



This work is protected by copyright and other intellectual property rights and duplication or sale of all or part is not permitted, except that material may be duplicated by you for research, private study, criticism/review or educational purposes. Electronic or print copies are for your own personal, non-commercial use and shall not be passed to any other individual. No quotation may be published without proper acknowledgement. For any other use, or to quote extensively from the work, permission must be obtained from the copyright holder/s.

**Media constructions of 'arthritis':
a mixed methods qualitative study**

Rebecca Rowley

A thesis submitted for the degree of
Doctor of Philosophy

July 2016

Keele University

Abstract

Musculoskeletal conditions, including arthritis, have a global impact, causing increased disability and reduced quality of life. Previous research has demonstrated negative attitudes and beliefs about arthritis exist which means the condition is often undermanaged and deprioritised. One potential influence on such attitudes is the media. Understanding how the media constructs arthritis, and what impact media constructions have on perceptions of arthritis, will shed light on factors that influence attitudes and management of the condition in everyday life.

This research aimed to investigate media constructions of arthritis. Mixed methods were used, including media analysis of highest circulating newspapers (n=11) and magazines (n=3), and focus groups (n=2) to explore reception of media messages. Results were analysed using a combination of thematic, discourse and imagery analyses.

A total of 1014 newspaper and 18 magazine articles were analysed. Arthritis was conceptualised in three ways - as a disease, condition or ailment. As such, arthritis was not presented as a singular condition; instead the construction, enactment and reality of arthritis were multiple. These multiple conceptualisations were shaped by wider social issues, such as understandings of disability (saints or scroungers) and ageing (peril or promise), and their representation in the media was determined by factors of media production (audience targeting, commercial interests and 'newsworthiness'). The focus group findings reflected these perceptions, as well as illustrating that media trust and credibility influence how media messages are received and interpreted by the general public.

Recognising arthritis as multiple is important for health care professionals and patients, as the multiple conceptualisations can impact on how arthritis is enacted, and may affect perceptions of legitimacy and deservedness. Media representations of arthritis may lead to the condition being

deprioritised and could present a barrier to the uptake of self-management strategies recommended in current guidelines.

SUBMISSION OF THESIS FOR A RESEARCH DEGREE

Part I. DECLARATION by the candidate for a research degree. To be bound in the thesis

Degree for which thesis being submitted

Title of thesis Media constructions of 'arthritis': a mixed methods qualitative study

This thesis contains confidential information and is subject to the protocol set down for the submission and examination of such a thesis.

~~YES~~/NO [please delete as appropriate; if YES the box in Part II should be completed]

Date of submission 03/03/2016

Original registration date 24/09/2012

(Date of submission must comply with Regulation 2D)

Name of candidate Rebecca Rowley

Research Institute Primary Care and Health Sciences

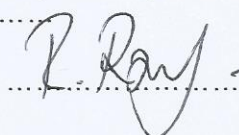
Name of Lead Supervisor Dr Clare Jinks

I certify that:

- (a) The thesis being submitted for examination is my own account of my own research
- (b) My research has been conducted ethically. Where relevant a letter from the approving body confirming that ethical approval has been given has been bound in the thesis as an Annex
- (c) The data and results presented are the genuine data and results actually obtained by me during the conduct of the research
- (d) Where I have drawn on the work, ideas and results of others this has been appropriately acknowledged in the thesis
- (e) Where any collaboration has taken place with one or more other researchers, I have included within an 'Acknowledgments' section in the thesis a clear statement of their contributions, in line with the relevant statement in the Code of Practice (see Note overleaf).
- (f) The greater portion of the work described in the thesis has been undertaken subsequent to my registration for the higher degree for which I am submitting for examination
- (g) Where part of the work described in the thesis has previously been incorporated in another thesis submitted by me for a higher degree (if any), this has been identified and acknowledged in the thesis
- (h) The thesis submitted is within the required word limit as specified in the Regulations

Total words in submitted thesis (including text and footnotes, but excluding references and appendices) ... 98,576.....

Signature of candidate



Date 03/03/2016.....

Note

Extract from Code of Practice: If the research degree is set within a broader programme of work involving a group of investigators – particularly if this programme of work predates the candidate's registration – the candidate should provide an explicit statement (in an 'Acknowledgments' section) of the respective roles of the candidate and these other individuals in relevant aspects of the work reported in the thesis. For example, it should make clear, where relevant, the candidate's role in designing the study, developing data collection instruments, collecting primary data, analysing such data, and formulating conclusions from the analysis. Others involved in these aspects of the research should be named, and their contributions relative to that of the candidate should be specified (*this does not apply to the ordinary supervision, only if the supervisor or supervisory team has had greater than usual involvement*).

Table of Contents

Chapter One: Introduction	1
1.1 Background	1
1.2 A note on terminology.....	3
1.3 Influences on constructions of arthritis.....	6
1.3.1 Chronic illness.....	6
1.3.2 Disability	10
1.3.3 Ageing	12
1.4 Media and Health	14
1.4.1 Health related behaviour	15
1.4.2 Science and health media reporting.....	17
1.4.3 Media representations of health and illness.....	18
1.4.4 Social constructionism	21
1.5 Summary of literature	23
1.6 Research questions.....	26
1.7 Overview of thesis	27
1.8 Conclusion.....	28
Chapter Two: Methodology and methods	29
2.1 Introduction	29
2.2 Social constructionism	29
2.3 Media research.....	32
2.3.1 Media production	33
2.3.2 Media representation	34
2.3.3 Media Reception.....	37
2.4 A qualitative approach.....	39
2.5 Overview of methods	40

2.6 Media study	40
2.6.1 Newspaper study	40
2.6.1.1 Type of search	41
2.6.1.2 Selection of newspaper database	42
2.6.1.3 Newspaper sampling	42
2.6.1.4 Newspaper search strategy: keywords	45
2.6.1.5 Newspaper search strategy: inclusion/exclusion criteria	45
2.6.2 Data analysis	47
2.6.2.1 Thematic categorisation	47
2.6.2.2 Discourse schema analysis	50
2.6.3 Magazine study	53
2.6.3.1 Magazine selection	54
2.6.3.2 Search strategy	56
2.6.4 Analysis	57
2.6.4.1 Thematic analysis	57
2.6.4.2 Critical discourse analysis	58
2.6.4.3 Imagery analysis	60
2.6.4.4 Analytical synthesis	62
2.6.4.5 Analysing the absence: Cosmopolitan magazine	63
2.7 Focus group study	64
2.7.1 Focus group method	64
2.7.2 Sampling and recruitment	65
2.7.2.1 Recruitment	66
2.7.2.2 Topic guide and stimulus material	66
2.7.2.3 Conducting the focus groups	68
2.7.2.4 Field notes	68
2.7.3 Analysis	69
2.7.3.1 Thematic analysis	70
2.7.3.2 Discourse analysis	70
2.8 Summary of methods	71
2.9 Conclusion	75

Chapter Three: A descriptive profile of arthritis in the media	76
3.1. Introduction	76
3.2 Part One - Overview of media study findings	76
3.3 Part Two - Newspaper study	78
3.3.1 The sample	79
3.3.1.1 Themes	79
3.3.2 Language and word frequency	82
3.3.2.1 Word frequency	82
3.3.2.2 Language	83
3.3.3 Monthly and seasonal variation	84
3.3.3.1 Profile of articles published by month	85
3.3.4 Publication differences	87
3.3.4.1 Article number by publication	87
3.3.4.2 Themes by publication	88
3.4 Discussion	91
3.5 Conclusion.....	95
Chapter Four: The multiplicity of arthritis: Disease, condition or ailment?	97
4.1 Introduction	97
4.2 Osteoarthritis as a disease	99
4.2.1 Population at risk.....	100
4.2.2 Cause of disease	101
4.2.3 Diagnosis, disease stage and progression.....	103
4.2.4 Treatment.....	107
4.2.5 Experts	110
4.2.6 High risks vs. high rewards	111
4.3 (Osteo)arthritis as a condition	114
4.3.1 Risk factors	114
4.3.2 Weight management	116
4.3.3 Exercise	118

4.3.4 Multidisciplinary care.....	119
4.3.5 Wider factors.....	122
4.3.6 Societal impact	124
4.4 Arthritis as an ailment	125
4.4.1 Natural ageing and creeping onset.....	125
4.4.2 A minor complaint?	127
4.4.3 Degeneration.....	128
4.4.4 Treatment.....	129
4.4.5 Advertisements	132
4.4.6 Weather/environment.....	133
4.5 Discussion	135
4.6 Conclusion.....	145
Chapter Five: Constructing disability: Saints and scroungers.....	147
5.1 Introduction	147
5.2 Saints	148
5.2.1 The Paralympic Legacy.....	149
5.2.1.1 Pain, suffering and the ‘battle’ of disability.....	150
5.2.1.2 The creation of the ‘story’ of disability	153
5.2.1.3 Establishing legitimacy	154
5.2.1.4 The ‘supercrip’ critique	156
5.3 Scroungers	159
5.3.1 Benefit fraud.....	160
5.3.1.1 Newspaper coverage.....	160
5.3.1.2 Narrative schema.....	161
5.3.1.3 Language	167
5.3.1.4 Constructing ‘benefit cheats’	169
5.4 The morality of deservedness.....	172
5.4.1 Welfare reform.....	172
5.4.2 Work	177

5.4.3 Lifestyle	180
5.4.4 Captain Crunch	183
5.5 Discussion	186
5.6 Conclusion	192
Chapter Six: Constructing ageing: Peril or promise	194
6.1 Introduction	194
6.2 Peril.....	195
6.2.1 Catastrophizing population ageing.....	196
6.2.2 Family narratives of ageing	201
6.3 Promise	205
6.3.1 Individual longevity.....	205
6.3.1.1 Sex	206
6.3.1.2 Work.....	208
6.3.1.3 Activity.....	211
6.3.2 Anti-ageing	214
6.3.2.1 Bodily anti-ageing	214
6.3.2.2 Aesthetic.....	217
6.4 Counter narrative: 'Ageing embraced'	222
6.5 Discussion	225
6.6 Conclusion.....	231
Chapter Seven: Magazine constructions of arthritis: A current, future or unspoken concern?	233
7.1 Introduction	233
7.2 Current concern	234
7.2.1 Lifestyle or ageing?	235
7.2.2 Senescence and natural ageing	240
7.2.2.1 'Glucosamine'	240
7.2.2.2 'OA and body clocks'	245
7.2.3 The 'risk' of ageing.....	248

7.2.4 Constructions of ageing	251
7.3 Future concern	256
7.3.1 The war on age	257
7.3.2 Exercise: Friend or foe?	263
7.4 Unspoken concern.....	267
7.5 Discussion	270
7.6 Conclusion.....	275
Chapter Eight: Media reception: The negotiation of arthritis representations.....	277
8.1 Introduction	277
8.2 Arthritis	278
8.2.1 Cause.....	279
8.2.2. Treatment.....	282
8.2.3. Severity and outcome	288
8.3 Disability	297
8.3.1 Benefit Fraud	297
8.4 Age.....	305
8.5 Media.....	308
8.5.1 Consumption	308
8.5.2 Production	311
8.5.3 Trust	315
8.6 Discussion	321
8.7 Conclusion.....	325
Chapter Nine: Discussion and conclusion	327
9.1 Introduction	327
9.2 Answering the research questions	327
9.2.1 Representations of arthritis in British media	328
9.2.2 Influences on representations of arthritis in British media	334

9.2.3 Reflection and negotiation of representations of arthritis	339
9.2.4 Impact of representations of arthritis	342
9.3 Implications for primary care and health care professionals	345
9.4 Contribution to knowledge	348
9.5 Strengths and limitations	350
9.5.1 Strengths	350
9.5.2 Limitations	352
9.6 Future research	355
9.7 Conclusion	356
List of references	358

Appendices

Appendix One	Newspaper search strategy: Nexis database
Appendix Two	PPI Involvement – Feedback to research user group (RUG)
Appendix Three	Manual sorting of thematic categories photograph
Appendix Four	Subset of of aticles from Saga Magazine and Men’s Health
Appendix Five	Imagery analysis framework
Appendix Six	Focus group topic guide
Appendix Seven	Focus group stimulus material
Appendix Eight	Letter to participants, information sheet and ethical approval confirmation
Appendix Nine	Table showing number of newspaper articles (1 st Sept 2012-31 st Aug 2013) returned from search according to keyword and month
Appendix Ten	Table showing number of articles excluded and included from search according to month
Appendix Eleven	Press releases for ‘OA and body clocks’ and ‘Arthritis myths busted’ articles from Saga Magazine

List of Tables

Table 2.1 Eleven highest circulating British newspapers according to genre	44
Table 2.2 Eleven highest circulating British newspapers according to political leaning	44
Table 2.3 Labov's six elements of a story (Labov, 1972)	52
Table 2.4 Rationale for data collection methods and analytic techniques	73
Table 2.5 Overview of research questions, media domains and methods	74
Table 3.1 Overview of newspaper thematic categorisation analysis.....	80
Table 3.2 Common subthemes according to newspaper genre (quality/broadsheet, middle market and tabloid)	90
Table 3.3 Common subthemes sorted according to political stance (right or left leaning) of newspaper	91
Table 5.1 Narrative components of letters to Captain Crunch and excerpts from the texts	184
Table 6.1 Promise subthemes aligned with values of 'successful ageing'	226
Table 7.1 Themes and subthemes from thematic analysis of Saga Magazine articles about arthritis published from 1 st September 2012-31 st August 2013	236
Table 7.2 Themes, topics and number of articles from the Health section of Cosmopolitan Magazine (1 st September 2012-31 st August 2013).....	268

List of Figures

Figure 2.1 Overview of data collection and analysis.....	72
Figure 3.1 Overview of results from data collection and analysis for the media study	77
Figure 3.2 Frequency of key word usage in 1014 articles	83
Figure 3.3 Number of articles about arthritis published according to season across eleven national newspapers (1 st September 2012-31 st August 2013)	85
Figure 3.4 Number of articles about arthritis published according to month across eleven national newspapers (1 st September 2012-31 st August 2013)	86
Figure 3.5 Number of articles published (1 st September 2012-31 st August 2013) according to title of publication.....	87
Figure 4.1 Figure demonstrating the relationship between article subsamples according to conceptualisation.....	99

Figure 4.2 The ‘ontological clusters’ of arthritis configured around the three conceptualisation.....	144
Figure 7.1 Accompanying image from ‘Glucosamine’ article – Saga Magazine	243
Figure 7.2 Accompanying image from ‘OA and body clocks’ article – Saga Magazine	247
Figure 7.3 Diagram showing the relationship between the ‘ageing embraced’ construction of ageing (Chapter Six), conceptualisation of arthritis as an ailment (Chapter Four), and perspective, cause and treatment of arthritis offered in the articles ‘Glucosamine’ and ‘OA and Body Clocks’ from Saga Magazine.....	253
Figure 7.4 Diagram showing the relationship between the ‘successful ageing’ construction of ageing (Chapter Six), conceptualisation of arthritis as a condition (Chapter Four), and perspective, cause and treatment of arthritis offered in the article ‘Arthritis Myths Busted’	255
Figure 7.5 Image from ‘Futureproof yourself’ article – Men’s Health magazine	258
Figure 7.6 Accompanying image from ‘Stay fit in your 50’s’ article – Men’s Health magazine	266
Figure 9.1 Model showing the relationship between frames of reference, conceptualisations, enactments and ontology.....	333
Figure 9.2 Model of media constructions and determinants of arthritis.....	343

Acknowledgements

First, thanks goes to the participants of my two focus groups who kindly gave time from their usual meetings to talk with me.

I would like to thank my supervisors Clare Jinks and Jane Richardson for their support and guidance throughout this process. I would also like to thank the Institute for Primary Care and Health Sciences who funded the research and the Research User Group at the institute who generously provided feedback on my research plan.

I would like to acknowledge the British Sociological Association (BSA) who funded my attendance to present at MedSoc Annual Conference and the Keele Postgraduate Association who funded my attendance at the BSA Annual Conference.

Thanks must go to the members of the student room, both past and present, with whom I have shared sports, distraction and copious amounts of cake – all three of which have been essential, and my friends and family at home who have always been understanding and supportive.

Finally, thanks to Sue Nicol for introducing me to the idea of a PhD and sticking with me to the end to proofread it, mum and Tommy - for the support and constant feedback, dad and Linda – for the belief and bunting, and Paul- for everything and much more.

Chapter One

Introduction

1.1 Background

Musculoskeletal disorders combined account for 6.7% of the total global disability adjusted life years (DALYs), the fourth greatest burden on the health of the world's population (March et al., 2016; Murray et al., 2012). Musculoskeletal conditions, after mental health, are the leading cause of disability worldwide (March et al., 2016; Murray et al., 2012) and account for 21.3% of the years lived with disability globally (Woolf, 2015). Osteoarthritis is the fastest growing cause of disability worldwide and the most common form of arthritis (Conaghan et al., 2014) In the Global Burden of Disease 2010 study, hip and knee osteoarthritis was ranked as the 11th highest contributor to global disability, and 38th highest in disability adjusted life years (DALY) (Cross et al., 2014). However it is noted that due to methodological problems, this study is likely to have underestimated the global burden of osteoarthritis, which is assumed to be higher (Cross et al., 2014). Musculoskeletal disorders are the largest cause of disability in the UK, and each year a fifth of the population consult in General Practice about a musculoskeletal condition (Arthritis Research UK, 2013a). Current estimates suggest that approximately 8.75 million people in the UK seek treatment for osteoarthritis each year (Arthritis Care, 2012; Conaghan et al., 2014). Disabling osteoarthritis, defined as osteoarthritis with pain interference, is estimated to affect 3.5 million people in the UK, with the prevalence increasing with age and higher for females (Thomas, Peat, & Croft, 2014). The scale of the problem is set to rise as the population ages, and risk factors for the condition also rise within the population (Arthritis Research UK, 2013a; Woolf & Pfleger, 2003).

Despite the commonality of the condition, it has been demonstrated that people with joint problems often receive suboptimal care (Broadbent, Maisey, Holland, & Steel, 2008; Sanders,

Donovan, & Dieppe, 2004). Musculoskeletal conditions are associated with a reduced quality of life and, as there is no curative treatment for osteoarthritis, treatment is focused on relieving symptoms and improving function (Arthritis Research UK, 2013a; NICE, 2014). Research has demonstrated that those who have knee pain have a reduced quality of life and function over those with no pain, and that a difference in quality of life and function persists even once the knee pain had resolved (Jinks, Jordan, & Croft, 2007). As risk factors such as obesity rise, so too may the incidence and prevalence of the disease increase, placing additional burden on the current health and social care systems (Howard, Thorpe, & Busch, 2010; Litwic, Edwards, Dennison, & Cooper, 2013). Therefore providing adequate and effective medical and social provision for those with chronic conditions such as osteoarthritis may be increasingly challenging. Despite the scale of the problem, and the significant impact that osteoarthritis can have on an individual's mobility, independence and quality of life, the condition is considered to be an unrecognised public health priority (Arthritis Research UK, 2013a).

Osteoarthritis has long been associated with the notion of 'wear and tear', with this term being used by healthcare professionals and patients alike (Ali, Jinks, & Ong, 2012; Arthritis Research UK, 2013a; Calnan, Wainwright, O'Neill, Winterbottom, & Watkins, 2007; Grime & Ong, 2007; Grime, Richardson, & Ong, 2010; Sanders, Donovan, & Dieppe, 2002; Turner, Barlow, Buszewicz, Atkinson, & Rait, 2007). However, there has been a recent trend to move away from 'wear and tear' models of osteoarthritis, towards an understanding of the condition as an active model of wear and repair (Porcheret et al., 2011). Whereas osteoarthritis was once seen as a purely joint-based disease, it is now recognised that this biomechanical model is not sufficient to understand the complex nature of the disease, and a biopsychosocial approach has instead been adopted (Porcheret et al., 2011; Porcheret, Grime, Main, & Dziedzic, 2013). The biopsychosocial model emphasises the many factors that can influence the progression, experience and effect of osteoarthritis (Hunt, Birmingham, Skarakis-Doyle, & Vandervoort, 2008). This model represents a

holistic approach to disease. This approach is particularly suited to osteoarthritis due to the lack of concordance between physical signs of the disease (such as radiographic arthritis), and the pain and restriction subjectively experienced (Barr, Conaghan, Barr, & Conaghan, 2012). This model works in line with initiatives to promote a patient-centred approach to healthcare, which aims to ensure that patient's views are heard, and they play a key role in decisions about their own care (Porcheret et al., 2013; Reuben & Tinetti, 2012).

The key role that a patient plays in the management of their condition makes research into understanding how osteoarthritis is constructed at a societal level particularly important. Previous research has demonstrated that public perceptions and beliefs about the cause and trajectory of a condition can influence whether and how a patient engages with self-management (Cheraghi-Sohi et al., 2013; Covello & Peters, 2002; Grime et al., 2010; Jinks, Ong, & O'Neill, 2010; Sale, Gignac, & Hawker, 2006). For osteoarthritis particularly, negative perceptions about the condition have been previously identified, and are thought to have a negative impact on people's experience of arthritis and their ability to self-manage (Alami et al., 2011; Barker et al., 2014; Grime & Ong, 2007; Hill, Dziedzic, & Ong, 2011; Sanders, Donovan, & Dieppe, 2004; Turner et al., 2007).

Understanding what perceptions exist, and where such perceptions come from, is essential in order to help patients understand, and to optimise self-management approaches. This thesis is concerned with investigating the representation of osteoarthritis in the media, as media is one key societal influence on the social construction of health and illness.

1.2 A note on terminology

In medical spheres the term arthritis is a collective one, covering approximately 200 different types of musculoskeletal conditions (Arthritis Research UK, 2016; Reginster, 2002). However within this thesis, the term 'arthritis' refers specifically to a condition of the joint that is typified by pain, stiffness and restriction that could be called 'osteoarthritis' in a medical setting (Barker et

al., 2014). I have opted not to use the medical terminology (osteoarthritis) from here in for three reasons. First, this thesis seeks to understand how arthritis is constructed. Part of this construction consists of the definition of the condition, the associated symptoms, and the treatments sought. However it is important to move away from a purely medical definition of the condition to enable wider influences on constructions to be investigated. Second, the term 'arthritis' has been found to be acceptable and familiar to people with the condition (Barker et al., 2014).

Arthritis was a very familiar term... Whilst the term is considered accessible and is commonly used... defining arthritis can be imprecise with examples including joint swelling, (joint) stiffening and bones rubbing or grinding together at the joints. There were also references to "damage to cartilage" as a definition of arthritis. Pain was also associated with the term... Osteoarthritis was a far less familiar term than arthritis, regardless of whether participants had been/had not been diagnosed with arthritis.

(Barker et al., 2014, pg.3)

This is in contrast with the usage of the term 'osteoarthritis' which, although medically precise, is not widely used by those with the condition, and may be misunderstood or misinterpreted in the general population (Barker et al., 2014). Finally, the terminology in this thesis reflects the language found in this research. The term 'arthritis' was used far more commonly than 'osteoarthritis' in both the media analysis and focus groups undertaken. Therefore this study will use the term 'arthritis' (unless otherwise specified) to refer to both the medical condition of osteoarthritis and the broader colloquial understanding.

Although I am not bound by the medical definition or explanations of the condition, they can be useful to help lay the foundations for what is currently 'known' about the condition. The medical definition of 'osteoarthritis' refers to a clinical syndrome of joint pain which is also commonly

associated with limitations in movement and reduction in the quality of life (Brooks, 2002).

‘Osteoarthritis’ is considered to be a metabolically active, dynamic process that involves both tissue loss and tissue formation and is characterised pathologically by cartilage loss, bone remodelling and inflammation that is thought to be the result of a compromised repair process to the joint (NICE, 2014; Porcheret et al., 2013; Walsh, 2004). The most commonly reported consequences of ‘osteoarthritis’ are pain, decreased function and a reduced ability to carry out day to day activities, and such effects can significantly alter a person’s quality of life (Brooks, 2002; Tanimura, Morimoto, Hiramatsu, & Hagino, 2011).

The medical diagnosis of ‘osteoarthritis’ is not a clear-cut process as there is no single objective test or measure that could allow for definitive diagnosis or an understanding of disease severity (Peat et al., 2005). Diagnosis is currently based on a case history taken from a patient and patterns in the reporting of symptoms. Such a diagnosis can be made, with no further investigation necessary, if the individual fits the following working definition: the individual is 45 years or older, has activity related joint pain and has no morning stiffness, or morning stiffness that lasts less than 30 minutes (NICE, 2014). Radiographs may be used in order to rule out other conditions, or as a marker of severity or deterioration, however these are not considered to be a diagnostic tool due to the discrepancy between radiographic findings and subjective experiences of the disease (NICE, 2014).

No singular causative factor is believed to be responsible for the development of ‘osteoarthritis’; however a number of both exogenous and endogenous risk factors have been identified (Allen & Golightly, 2015; Blagojevic, Jinks, Jeffery, & Jordan, 2010). Age is strong predictor for the development of ‘osteoarthritis’; although onset of the condition is by no means inevitable (Loeser, 2012). In addition to age, other non-modifiable risk factors are female gender, genetics and anatomical abnormalities, whilst the modifiable risk factors include obesity, muscle strength

and certain activities and occupations (Allen & Golightly, 2015; NICE, 2014; Silverwood et al., 2015).

1.3 Influences on constructions of arthritis

Arthritis is not experienced or constructed in a vacuum; it is shaped by topics that relate to the condition indirectly, such as perceptions of chronic illness, ageing and disability. Therefore, these closely related topics may account for some of the negative perceptions associated with the condition. Each of these topics is explored below, detailing links they have with arthritis, and research that has been conducted into them. First, chronic illness is discussed. An overview of the literature about chronic illness and various frameworks used to understand 'chronic illness experience' is provided. Second, literature around disability is explored, with theories of the 'personal tragedy' and 'social oppression' models of disability considered. Finally the literature surrounding ageing is examined and the theory of 'successful ageing' discussed.

1.3.1 Chronic illness

There has been increased interest in chronic illness within medical sociology since the 1980s, with a number of studies examining the experience, negotiation and knowledge of life with chronic illness. Early on in this movement, theoretical insights were drawn from a functionalist foundation such as the sick role, deviance and labelling theory (Becker, 1963; Scheff, 1970), all of which attempted to understand chronic illness from an outside perspective (S. J. Williams, 2000). Subsequent research then investigated chronic illness from the perspective of the individual, focusing on their meanings and experiences of the illness. Following Strauss & Glaser's (1975) pivotal work on 'Chronic Illness and the Quality of Life', researchers attempted to understand the experience of chronic illness and the role that it played in people's lives (Bury, 1982, 1991; Locker, 1991; Wiener, 1975; G. Williams, 1984, 1987). Musculoskeletal conditions, specifically rheumatoid arthritis, were the focus of many of these studies. Bury's (1982) work on the biographically

disruptive nature of rheumatoid arthritis was particularly influential, with the idea of chronic illness as biographically disruptive dominating much research into chronic illness that followed (Charmaz, 1990; Corbin & Strauss, 1987, 1988; Schneider & Conrad, 1983). Whilst this body of work generated a deeper understanding of the lived experience of both specific illnesses, and chronic illness as a whole, not all of the themes encountered within this body of work precisely map the experience of arthritis. Research into the lived experience of arthritis has indicated that the condition is not always or necessarily biographically disruptive (Morden, Jinks, & Bie Nio Ong, 2011a; Sanders et al., 2002). Arthritis is not always unexpected and the disease trajectory not inevitably uncertain, two traits on which biographical disruption rests (Bury, 1982). This discordance may be in part due to perceptions about the severity and trajectory of the condition, and social expectations of ageing. As such, depending on how arthritis is perceived and the age at which the person develops the condition, arthritis may be considered a normal and expected part of ageing (Gignac et al., 2006; Morden et al., 2011a; Sanders et al., 2002).

In recognition of the fact that 'biographical disruption' does not apply universally to chronic illness experiences, more recent works have also sought to extend and propose alternatives. Research has since demonstrated that understandings and experiences of diagnosis and trajectory in chronic illness can take on various forms. Some forms are specific to particular chronic illnesses, such as the concept of 'biographical reinforcement' posited by Carricaburu and Pierret (1995), a concept deemed to more appropriately represent the experiences and understandings of chronic illness for HIV-positive men. 'Biographical continuity' (S. J. Williams, 2000) is a concept relevant to those with chronic illnesses that are considered normal and woven continuously into people's biographies. 'Biographical continuity' may be relevant for older people with joint pain and arthritis, for whom such experience may be an expected and normal part of ageing (Sanders et al., 2002). The importance of timing, context and expectation when understanding illness has been highlighted by Cornwell (1984) and Pound, Gompertz, and Ebrahim (1998) in their studies

exploring illness in the East End. Both of these studies demonstrated that illness is sometimes an anticipated event in older age, and that people's understandings of health can shape the meaning that people ascribe to illness (S. J. Williams, 2000).

Another framework relevant to the experience of arthritis is that which explores certainty in chronic illness, such as the concept of 'biographical flow' proposed by Faircloth, Boylstein, Rittman, Young, and Gubrium (2004). 'Biographical flow' suggests that even if an illness is sudden or unexpected, a person can weave the experience seamlessly into their biography through the use of other explanatory factors such as age, lifestyle and family history. In this framework the onset of chronic illness does not necessarily cause a rupture in a person's biography, instead the illness can be incorporated into their life and enable them to construct a biography "that continues to flow across time and space" (Faircloth et al., 2004, pg. 256). For those with arthritis this means that even when the condition develops at a younger age than expected, or symptoms suddenly worsen, biographical disruption is not certain; instead biographical flow is sometimes achieved through alternative explanations.

Whilst some of the theories about biography and trajectory in chronic illness have relevance to arthritis, and can help to illuminate life with arthritis, many of the conditions that have been researched within the field of chronic illness have been conditions that are perceived as severe and serious by the lay population and health professionals. Rheumatoid arthritis (Bury, 1982; Wiener, 1975; G. Williams, 1984), HIV/AIDS (Carricaburu & Pierret, 1995) and chronic heart disease (Radley, 1989) are conditions that fall into this category, and are demonstrative of the types of conditions that have been used to illuminate the experience of chronic illness.

Conversely, whilst arthritis is undoubtedly a chronic condition, the usual perception of the condition by people with the condition, the lay population and healthcare professionals, is that arthritis is a non-severe condition (Alami et al., 2011; Donovan & Blake, 2000; Gignac et al., 2006).

Indications of the lack of severity attributed to arthritis can be seen through comparisons to other types of arthritis, where osteoarthritis is used as a 'non-serious' comparative (Turner et al., 2007).

The knowledge that their condition is not serious or life threatening may help people with arthritis their condition and provide reassurance. Indeed, identifying arthritis as a non-serious condition in order to reassure patients was identified as a device employed in secondary care by rheumatologists who compared osteoarthritis to other, more serious arthritic conditions (Turner et al., 2007). However, the emphasis of the non-serious nature of arthritis may be interpreted by those with the condition as others 'downplaying' their experience, which may have unintended negative consequences such as delegitimising their condition and suffering. The role of reassurance has been shown to be interpreted by patients as physicians dismissing or not understanding their condition and suffering (Donovan & Blake, 2000). The negative role that reassurance can play was also highlighted within the 'restitution narrative' detailed by Arthur Frank (1997) to describe his experience of cancer. Frank (1997) declared that although encouragement towards wellness was reassuring at times, it also left him feeling that physicians did not appreciate the suffering experienced during his period of illness. This resulted in him resisting such narratives as he felt they undermined his legitimate experience.

The perception of arthritis as a non-serious condition may also be due in part to causal beliefs held by patients, the public and healthcare professionals about the condition. Understandings of arthritis as a degenerative condition that is a natural part of ageing may normalise the condition and minimise the pain and restriction caused by it, leading to it being seen as non-serious (Alami et al., 2011; Grime et al., 2010). The perceived lack of severity can cause arthritis to be delegitimised. Whilst these beliefs about natural ageing and arthritis are commonly held, some contest that arthritis is not inevitable with age. Instead emphasis is placed the role of modifiable risk factors in the onset and development of the condition (Alami et al., 2011; Jinks et al., 2007; Morden et al., 2011a). Lifestyle factors, such as increased weight and sedentariness, are

considered to be risk factors for developing arthritis and self-management of these factors is the cornerstone of current treatment (NICE, 2014). Emphasising the positive role that individuals can play in the prevention and management of arthritis has been thought to increase people's motivation to consult and engage with treatment (Sanders et al., 2004). The importance of patients taking responsibility for their own health has been identified in patient literature (Grime & Ong, 2007) and similar discourses have been present in qualitative research exploring patient's views on causes and prevention of the condition (Hendry, Williams, Markland, Wilkinson, & Maddison, 2006; Jinks et al., 2010). Although such discourses may be beneficial for increasing patients' self-efficacy, a factor that is considered important for the engagement with self-management advice (Allegrante & Marks, 2003; S. Hill et al., 2011; Nour, Laforest, Gignac, & Gauvin, 2005), there may be unintended consequences of patients being seen as responsible for their own condition. The assumption of self-responsibility could lead to social perceptions about arthritis being linked to moral judgement as the diagnosis and progression of the condition could be linked to 'poor' lifestyle choices (Peacock, Bissell, & Owen, 2014). Therefore, whilst the movement towards self-responsibility attempts to challenge negative perceptions of arthritis as inevitable with age, such constructions themselves have potential negative consequences for those with arthritis. As such, understandings of the cause, progression, treatment and outcome of arthritis not only affect how arthritis is perceived, but also fundamentally affect how arthritis is experienced, treated and constructed.

1.3.2 Disability

Arthritis and disability are inextricably linked; arthritis is currently one of the leading causes of disability. In the Global Burden of Disease 2010 study, hip and knee arthritis was ranked as the 11th highest contributor to global disability, and 38th highest in disability adjusted life years (DALY) (Cross et al., 2014). Such trends are set to rise with an ageing population, and increases in lifestyle risk factors such as obesity (Arthritis Research UK, 2013b). The close association between arthritis

and disability necessitates that perceptions of disability inevitably influence how arthritis is understood.

Disability has been subject to a long history of debate within sociology, with opposing and conflicting models of the nature and meaning of disability (Gabel & Peters, 2005). Historically disability has been viewed as an individual problem, or as a 'personal tragedy' (Barnes, 2012). An individual or impairment model of disability was supported in the International Classification of Impairment Disability and Handicap (ICIDH) which was introduced in 1980 to complement the World Health Organisation's (WHO) International Classification of Disease (ICD), introduced in 1976. However both the 'personal tragedy' model of disability and the individual/impairment model supported in the ICIDH were heavily criticised by disability activists. This critique led to an alternative model of disability, which recognises the effect of oppression and social inequality, called the 'social model' of disability (Oliver, 1981). In this model the disabled body is removed from discussion (S. J. Williams, 2003). Rather than assuming that the 'body' is the site of disability, the social model of disability argues that society is the cause and site of disability due to discrimination (Barnes, 2012). Whilst this model highlights the prejudice, inequality and oppression faced by people with disabilities, and is popular with disability activists, critiques are also levelled against the model (Gabel & Peters, 2005). The main critique is that social theories of disability write the body out by ignoring impairment entirely (Shakespeare, 2008). As such, moves towards embodiment encourage the body to be brought 'back in' to discussions about disability. In order to achieve this, some argue for a 'relational' view of disability which examines the relationship between the disabled body and society (Bury, 1996), seeking to occupy the middle ground between the 'personal tragedy' and 'social oppression' models of disability.

1.3.3 Ageing

The association between ageing and arthritis has been well documented, with ageing being considered the main risk factor for developing arthritis and the condition being socially understood to be age related (NICE, 2014). However the relationship between ageing and arthritis is not straightforward. There is an inherent tension between the belief that arthritis is a discrete and diagnosable medical condition and that it is a natural part of ageing (Gignac et al., 2006; Sanders et al., 2002). This tension is evident within research, with disagreement about the point at which 'normal' joint pain becomes arthritis (Peat et al., 2005). In light of these tensions, some advocate the demedicalization of minor joint problems, which would lead to more reliance on patient management in all but the most severe, progressive disease cases (Dieppe, 1999). However, others see the identification of early-stage arthritis as key to preventing more severe disease (Bijlsma, Berenbaum, & Lefeber, 2011). Therefore how the signs, symptoms and diagnosis of arthritis are understood depends on how normal ageing is interpreted (Grime & Ong, 2007).

The tension between normal ageing and arthritis is also reflected within wider society. There is a deeply entrenched belief that arthritis is an inevitable consequence of ageing, a causative belief that has been commonly identified and thoroughly explored within research (Gignac et al., 2006; J. Hill & Bird, 2007; Jinks et al., 2010). Whilst the NICE guidelines (2014) make clear that arthritis represents a discrete disease category that is separate from normal ageing, it has been identified that beliefs about the normality of the condition due to ageing are reinforced through contact with healthcare professionals (Turner et al., 2007). The consequences of such beliefs are varied, with some feeling reassured by the view of their joint pain being a normal part of ageing, whilst for others (particularly those who consider themselves to be too young to develop the condition) this may be confusing and frustrating and reduce the likelihood of effective self-management. Regardless of the personal response to the belief that arthritis is a normal part of ageing, such

beliefs may present a barrier to receiving medical care, helping to explain why some people with arthritis are reluctant to seek medical treatment for their condition, even when it causes severe pain and disability (Sanders et al., 2004).

Age also appears to be an important factor in receiving treatment for arthritis following consultation. Whilst older people are most affected by arthritis, as it is the most common cause of disability in this group (Fernandes et al., 2013), they are often viewed as having unmet needs (Sanders et al., 2004). Older patients have been identified as being reluctant to consult for such treatments such as joint replacement surgery as they feel that younger patients are more deserving (NICE, 2014), even following consultation, older patients may not be considered for treatment as they are not considered suitable, often due to the presence of co-morbidities (Sanders et al., 2004; Turner et al., 2007). Age also presents as a barrier to joint replacement surgery for younger people, however this may be due to symptoms not being considered serious enough and being advised to wait for their condition to worsen before surgery would be considered (Sanders et al., 2004; Turner et al., 2007). These age-related barriers to treatment both fit with the belief that arthritis is an age related degenerative condition. Therefore access to treatment for arthritis can be affected by cultural beliefs, expectations and perceptions about ageing.

Recognising the effect of beliefs about arthritis and ageing requires an understanding of social perceptions of ageing. Such perceptions are constructed according to how society sees older people at that time and are influenced by a number of factors including political, medical and commercial interests. Recent perspectives on ageing that have been influential both politically and for social policy centre on the concept of 'successful ageing' (Rozanova, 2010). This represents a move away from traditional views of ageing as a period of decay and decrepitude, towards it being a period of wealth and enjoyment. The concept is driven from Western values including productivity, independence and youthfulness, and encourages older people to engage

with the values in order to 'age well', and has come to underpin social policy (Liang & Luo, 2012; Rozanova, 2010). Although this transition may be seen as positive and progressive, another view is that such changes are due to a political agenda. It is argued that concern over the pressures on pensions and welfare systems caused by an ageing society has led to ageing being reimagined, encouraging people to remain active, independent and ultimately responsible for their own health (Pickard, 2012). In addition to the reduced welfare costs that 'successful ageing' can deliver, encouraging healthy lifestyles and the dream of eternal youth helps to boost the economy by encouraging spending on anti-ageing products and lifestyles (Ylänne, Williams, & Wadleigh, 2009). Through this model older people do not become a burden on society, but instead are seen as an active, affluent part of it (Liang & Luo, 2012; Rozanova, 2010). Furthermore, it is argued that the model of successful ageing encourages a dichotomy between those who have managed to 'age well' and are therefore independent, socially active and healthy compared to those who have not 'aged well' (Rozanova, 2010). This dichotomy is thought to have a negative impact on perceptions of older people with indicators of 'unsuccessful ageing' such as chronic illness (Rozanova, 2010). The dichotomy of 'successful' versus 'unsuccessful' ageing is explored in more detail in Chapter Six.

1.4 Media and Health

There are four broad areas of research in the field of media and health. First, studies exist that explore whether and how media shapes and changes health related behaviour. Second, there are studies that investigate how the media reports science and health related matters, and the accuracy of this reporting. A third group of studies explore how health is represented in the media and examine the influences of such representations. Finally, studies exist that explore the social construction of health and illness through media research. These four areas of research are outlined in more detail below.

1.4.1 Health related behaviour

Studies that examine whether and how the media can change health related behaviour commonly fall into the field of Public Health. Often these studies examine a key Public Health problem which has been determined to be a behaviour related issue. Many health related topics have been explored within this paradigm and such studies view media as a key tool in behaviour change which is presented as key to improving Public Health (Moorhead et al., 2013).

One review of the effect of mass media campaigns on health behaviours examined studies relating to tobacco; alcohol; physical activity; nutrition; cardio-vascular disease prevention; birth rate reduction; HIV infection reduction; screening for cervical, breast, bowel and skin cancer; immunisation; diarrheal disease; breastfeeding; road safety; organ donation; mental health; violence and child mistreatment; and prehospital response times for potential heart attack symptoms (Wakefield, Loken, & Hornik, 2010). This review found that behaviour change in response to media campaigns can be either direct (due to the campaign eliciting an emotional or cognitive response), or indirect (as a result of the increased media coverage or discussion about a topic). The mass media was identified as a site of health agenda setting, having the ability to increase or decrease exposure to particular topics and influence behaviour accordingly. This review identified a number of factors which increased the likelihood of the campaign being a success including the behaviours targeted being episodic or one off (such as encouraging immunisation), rather than habitual (such as changing physical activity levels); high levels of access to key services to support the behaviours; policies in place to support the changes; public relations and media advocacy campaigns in place that shape the treatment of the health issue in the media. Hindrances to the effectiveness of media health campaigns include the pervasiveness of opposing ideas broadcast in the media, the power of social norms that contradict the behaviour, and addiction to the behaviour challenged. Eliciting behaviour change through the media is considered to be increasingly difficult due to the breadth and diversity of the media. The

wide variety of media resources make it difficult to ensure that the messages receive exposure and are communicated consistently. This study concluded that whilst media health campaigns can change behaviour, in order to sustain such a change long term investment is required. Acquiring such investment is challenging due to the difficulty of proving that behaviour change has occurred and been sustained.

Behaviour change was found to be sustainable in an Australian study which attempted to change people's perception and behaviour for the musculoskeletal condition of back pain (Buchbinder & Jolley, 2005). The study used a mass media campaign to challenge prevailing beliefs about back pain (such as the belief that is a serious, disabling condition that requires rest), and to change behaviour (such as encouragement towards activity for individuals with the condition) (Buchbinder & Jolley, 2005). Although this study found that the change in both attitude and behaviour was significant and sustained (Buchbinder & Jolley, 2005), studies that have attempted to replicate the results of this campaign in other countries (such as Canada, Norway and Scotland) have had less success, with no significant impact on behaviour (Buchbinder, Gross, Werner, & Hayden, 2008; Gross et al., 2010, 2012). A review found that the reasons for the difference in success of the campaigns include different levels of funding (with the subsequent campaigns receiving significantly less), reduced media exposure (subsequent campaign used radio and billboard advertisements rather than television), and different health and social care policies in each country (Gross et al., 2012).

Other reviews examining the effect of mass media campaigns of health related behaviour have also encountered difficulties in provoking behaviour change in target populations. A review into studies examining the effect of media health campaigns on physical activity (Leavy, Bull, Rosenberg, & Bauman, 2011) found that some research which cited behaviour change as an outcome was based on the ability of participants to recall the campaign, rather than actual change to their habits. When physical activity levels following the campaign were recorded, any

increases were modest. Similar results were found in a review examining the effect of media campaigns on weight loss (Walls, Peeters, Proietto, & McNeil, 2011). This study argued that not only do media campaigns encouraging weight loss have little evidence to support their use, but that campaigns that focus on negatives effects of obesity can cause potential harm by encouraging excessive focus on 'acceptable' body sizes and shapes in the media. As such, this review recommends that an approach focusing more on the wider causes of obesity, such as the obesogenic environment, is a more fruitful, and less harmful, way forward.

As demonstrated above, the use of media health campaigns to change health related behaviour is controversial. It is claimed that the effects of such media campaigns are unpredictable and may in fact be detrimental due to the stigma that they encourage through linking behaviour to deservedness and morality (Bell, Salmon, Bowers, Bell, & McCullough, 2010). Such campaigns often rely on a simple relationship between health behaviour and media, whereby messages can be easily transmitted to audiences. This model of media affects is referred to as the 'hypodermic needle' approach and has been widely discredited for being too simplistic as the relationship between the media, society, and individual behaviour is very complex (Hughes, Kitzinger, & Murdoch, 2006).

1.4.2 Science and health media reporting

The second area that media and health research commonly focuses on is how the media report health science related findings and research in relation to the 'accuracy' of reporting by media outlets. This focus on media reporting is due to the accusation, belief and fear that media 'hype' skews the public's understanding of media messages about health (Eysenbach, Powell, Kuss, & Sa, 2002; Wilson, Bonevski, Jones, & Henry, 2009). In an attempt to increase the accuracy of health reporting in the media guidelines have been produced for specific health problems such as suicide and depression (Samaritans, 2013), wider areas of health (Bithell, 2010) and general science and health reporting (Fox, 2012). Some have criticised the amount of attention paid to determining

the 'accuracy' of media health reporting and the criticism of journalists and the media as a result (Seale, 2010). The narrow focus of assessing the 'accuracy' of media health reporting negates the multitude of influences that determine whether and how a health story is broadcast in the media. Influences on the process of media production, such as time restrictions, formatting requirements and the quantity of health related research submitted to news outlets, all influence whether and how a news story is published or broadcast (Nature, 2002; Seale, 2010). Some argue that the idea that health stories are always 'hyped' by the media is itself inaccurate, instead suggesting that stories are often presented in an accurate, measured way, even in circumstances of scientific uncertainty (Bubela & Caulfield, 2004; Hilton & Hunt, 2011). However others argue that the competitive nature of science and health research causes scientists and researchers to become unknowingly complicit in the production of hype and sensationalism (Ransohoff & Ransohoff, 2001). Such researchers call for a move away from the examination of the 'accuracy' of reporting, to a more nuanced approach which recognises the complexity of the relationship between the media, researchers and the public (Hughes et al., 2006; Seale, 2010).

1.4.3 Media representations of health and illness

The third area of media and health research is the exploration of how health is represented in the media and the influences on such representations. The most common approach used is content analysis. A variety of health topics have been explored using this method including infant feeding (Henderson, Kitzinger, & Green, 2000), obesity (Hilton, Patterson, & Teyhan, 2012), chronic diseases (Van der Wardt, Taal, Rasker, & Wiegman, 1999), swine flu (Hilton & Hunt, 2011), attention deficit hyperactivity disorder (Clarke, 2011), the HPV vaccine (Hilton, Hunt, Langan, Bedford, & Petticrew, 2010), eating disorders (Shepherd & Seale, 2010) and cancer, both in general (Clarke & Everest, 2006), and specifically, including prostate (Halpin, Phillips, & Oliffe, 2009), cervical (Hilton & Hunt, 2010), breast (Henderson & Kitzinger, 1999) and childhood cancer (Dixon-Woods, Seale, Young, Findlay, & Heney, 2003).

Although the topics featured in these studies varied, similar themes or frames emerged. The main theme that emerged was that of the dominance of the medical model (Bubela & Caulfield, 2004; Clarke & Everest, 2006; Clarke & van Amerom, 2008; Coveney, Nerlich, & Martin, 2009; Leask, Hooker, & King, 2010; Regan de Bere & Petersen, 2006; Shepherd & Seale, 2010). This theme was found to be influential in media reporting, not only providing the dominant frame of reference for illness and disease, but also emphasising the importance of the role played by the medical model through triumphant references to the 'awe and amazement' of medicine (Regan de Bere & Petersen, 2006), and the overemphasis of medical research results (Bubela & Caulfield, 2004). The dominance of the medical perspective was reinforced through the use of medical 'experts' in the articles, which afforded legitimacy to the condition presented (Boden, Williams, Seale, Lowe, & Steinberg, 2008; Clarke & Everest, 2006; Coveney et al., 2009; D. Holmes, Murray, Perron, & Rail, 2006; Leask et al., 2010; Regan de Bere & Petersen, 2006; Shepherd & Seale, 2010). Other powerful groups were identified such as those with commercial interests and the pharmaceutical industry (Boden et al., 2008; Coveney et al., 2009; S. J. Williams, Seale, Boden, Lowe, & Steinberg, 2008a). In addition to the groups and interests which influenced media representations, wider influential factors were also identified including work, social class and consumerism/capitalism (Boden et al., 2008; Hilton et al., 2012; D. Holmes et al., 2006). The role of the individual was identified in many of the studies, with individual responsibility identified as crucial both for illnesses that are widely associated with behaviour, such as obesity and type 2 diabetes (Gollust & Lantz, 2009; Hilton et al., 2012; B. Holmes, 2009), and those that are not, such as cancer and heart disease (Clarke & Everest, 2006; Clarke & van Amerom, 2008).

Media representations were identified as having the ability to perpetuate stigma about illnesses, such as dementia, through negative reporting (Van Gorp & Vercruysse, 2012). However it was also identified that the media may respond to feedback, and can be the site of change for widely held negative perceptions (Wallis & Nerlich, 2005). In the case of media representations of SARS,

negative and stereotypical reporting was expected, but not found (Wallis & Nerlich, 2005). It was suggested that the change in such reporting may be due to the acceptance of feedback about previous negative media coverage of AIDS, and the detrimental impact this had (Wallis & Nerlich, 2005)

Although health, illness and disease representation in the media have been extensively researched, focus has generally been on diseases that are either epidemics such as SARS, BSE and Ebola (Miller, 1999; Wallis & Nerlich, 2005; Washer, 2004, 2005), or considered to be life threatening such as various cancers (Brown, Zavestoski, McCormick, Mandelbaum, & Luebke, 2001; Hilton & Hunt, 2010; Seale, 2001) and heart disease (Clarke & van Amerom, 2008). There has been little research conducted into the representation of chronic illnesses that are not considered life threatening. Previous research into media representations of illness have emphasised either the homogeneity of representations (Halpin et al., 2009), which are considered to reduce the available narratives for those suffering from the disease, or temporal related changes in representations, particularly in relation to epidemics (Hilton & Hunt, 2011; Washer, 2005).

Despite the quantity and diversity of Health and Media studies, there has been little research conducted into media representations of non-life threatening conditions such as arthritis. Of the few conducted, one study compared the number of representations of arthritis to other conditions such as diabetes, heart disease and cancer in US television news between 1971 and 1981 (Pichert & Hanson, 1983). The study found that arthritis received much less media attention than the other diseases, and proposed that this was due to the bias towards coverage of fatal, rather than prevalent, diseases. This finding was backed up by research which compared the media representation of rheumatic disease (including arthritis) and other chronic illnesses in newspaper, magazine and medical television programmes in the Netherlands between 1992 and 1993 (Van der Wardt et al., 1999). This study also found that fatality rather than prevalence was

the deciding factor in frequency of media coverage, with rheumatic diseases, such as arthritis, covered less than heart disease or cancer. The difference in the frequency and abundance of media coverage of fatal or acute conditions over chronic conditions that are not fatal, such as arthritis, was also noted in a study examining media coverage of health conditions, through newspaper and magazine articles, in Mexico between 1992 and 1996 (Mercado-Martinez, Robles-Silva, Moreno-Leal, & Franco-Almazan, 2010). This study was focussed predominately on diabetes, however illustrated that acute, infectious or fatal diseases (such as AIDS) received more media attention than those which were more prevalent, including chronic conditions such as arthritis. This difference was regardless of the fact that the chronic conditions had a higher economic burden than the acute (Mercado-Martinez et al., 2010). However none of these studies were conducted in Britain, nor were they focused solely on the media coverage of arthritis.

1.4.4 Social constructionism

The final area of research relates to social constructionist theory providing a theoretical backdrop to media and health research. Social constructionism is a useful concept to examine media constructions of health and illness as it requires that attention is paid to how and why particular understandings of illness have emerged, emphasising the influence of social forces, such as media, on understandings.

A number of studies have previously explored the socially constructed nature of illness and disease. Different illnesses, or aspects of illnesses, have been examined including musculoskeletal conditions (Erol, 2011; Hadler & Greenhalgh, 2005). Two studies in the literature examined the social construction of other musculoskeletal conditions, osteoporosis (Erol, 2011) and fibromyalgia (Hadler & Greenhalgh, 2005). The study into the social construction of osteoporosis was conducted in Turkey and used a combination of ethnographic and archival methods (analysing newspapers and magazines). This study found that osteoporosis was constructed as a combination of embodied (due to women being menopausal) and lifestyle risk. Women were

encouraged to reduce their lifestyle risk due to their embodied risk, which resulted in moral obligation to adhere to particular behaviours and feelings of blame for past behaviour. Due to the geographical location of the study, there was a large element of secular versus religious understandings of illness, which were reflected in the different discourses of modern and traditional approaches. As such biomedical (or modern) approaches were seen to co-exist with alternative (or traditional) perspective, and both were used interchangeably. This work reveals that osteoporosis is constructed differently depending on the culture in which it is experienced. The second, although not a study of media, is concerned with the representation of illness and therefore bears similarities to other social constructionist works, and examines the social construction of fibromyalgia. This essay argues that not only is fibromyalgia a socially constructed disease, but it is also a socially constructed illness – that nobody suffers from ‘fibromyalgia’, instead they suffer from a number of different symptoms that are labelled as this illness. This essay explores the benefits and drawbacks of the construction of fibromyalgia, claiming that although labelling the symptoms as a disease has afforded legitimacy to them, medicine has no solutions for the collection of symptoms experienced, and they would be better managed outside of the medical framework. These two works demonstrate the utility of a social constructionist framework in the exploration of musculoskeletal conditions, however I found no studies in the literature that discussed the social construction of arthritis.

Other social constructionist studies have focused on ‘serious’ diseases including HIV/AIDS (Herek, Capitanio, & Widaman, 2003; Vittoria, 1999; Zhou, 2007), contested diseases (Durodie, 2006; Lax, 1998; Lian & Bondevik, 2015; Ware, 1992; Wolfe, 2009), everyday experiences such as sleep and snoring (Seale, Boden, Williams, Lowe, & Steinberg, 2007; Williams, Seale, Boden, Lowe, & Steinberg, 2008b), and mental health/emotional conditions (Cosgrove, 2000; Fulton, Madden, & Minichiello, 1996). Particular aspects of illnesses/diseases such as chronicity, morality or disability (Coyle & MacWhannell, 2002; Lantz & Booth, 1998; Martin & Peterson, 2009; Williams & Collins,

2002) and life stages such as ageing and death (Encandela, 1997; Parales & Dulcey-Ruiz, 2002; Seale, 2004) have also been investigated. These studies have demonstrated the ‘constructed’ nature of the topic by revealing the social processes that have led to how the topic is currently known, understood and experienced. As social constructionism is rooted in the study of linguistics and rhetoric, this approach has been used to explore how the language constitutes the reality of the condition.

Despite the lack of research into the social construction and media representation of arthritis, it has been proposed in previous studies that both the presence (Smith et al., 2014; Van der Wardt et al., 1999) and absence (Arthritis Care, 2004) of arthritis related stories influences perceptions about the condition. The media has also been identified as a site of influence in the perceptions of chronic illness (Charmaz & Rosenfeld, 2006; Mercado-Martinez et al., 2010; Van der Wardt et al., 1999), disability (Briant, Watson, & Philo, 2011; Garthwaite, 2011, 2014, 2015; McEnhill & Byrne, 2014; Valentine & Harris, 2014) and ageing (Parales & Dulcey-Ruiz, 2002; Rozanova, 2010; Ylännä et al., 2009), all of which are closely associated with arthritis (as discussed in Chapter One), and are therefore likely to influence how arthritis is constructed.

1.5 Summary of literature

Three influences on constructions of arthritis have been explored – chronic illness, disability and ageing. The literature on chronic illness outlined the main theories used in sociological studies on the topic, including biographical disruption, continuity and flow. Although each of these concepts has been useful in elucidating people’s experience of particular conditions, none of them have been able to capture the wide variety of experiences of arthritis. Unlike many chronic illnesses, arthritis is often considered non-severe, and the recommended management of the condition is through lifestyle changes. Negative perceptions of arthritis have been identified as a barrier to

self-management, and therefore awareness of how arthritis is understood in society and influences on understanding is essential to overcome such barriers.

Arthritis is a leading cause of disability. Three models of disability (the social, impairment and relational models), have been described which determine the cause of disability to be either the individual impairment, society or both. Although different models of disability exist, the social perception of disability is still predominantly constructed as a 'personal tragedy'. As such, disability is constructed as negative, and commonly represented as being a drain or burden on society. The link between arthritis and age has also been well established. However the link between arthritis and 'natural' ageing is viewed as a barrier to both self-management and treatment options. Perceptions of ageing are thought to be the cause of these barriers, as ageing is often viewed negatively as a time of increased need, deterioration and decay. The model of 'successful ageing' attempts to overcome these negative attitudes, instead proposing ageing as a time of independence and health. Constructions of disability and ageing influence how arthritis is perceived – recognising the dominant constructions of these topics is therefore essential to understanding dominant social perceptions of arthritis.

Previous research into media and health were identified in four areas – health related behaviour, science and media health reporting, media representations of health and illness and social constructionism. Public health media campaigns usually attempt to change behaviour either directly or indirectly. The reviews included in this chapter demonstrate that in order to be effective such campaigns require high levels of funding, complementary health and social care policy, and mass exposure towards targeted population. One key factor that increases the likelihood of the success of such campaigns is through contact with journalists (either through public relations or campaigns) in order to shape how the media represents the topic at hand. Even with these resources in place, campaigns may not be effective at instigating and sustaining

behaviour change, and the messages transmitted by campaigns aimed at lifestyle may in fact have harmful effects.

Research into science and media reporting have generally focused on the accuracy of media reporting of research, however such a narrow focus disregards the multitude of factors which can influence how a topic is represented in the media. Studies of media 'hype' have demonstrated that sensationalism of research is not solely the responsibility of journalists, but that it can also be evident at source (in research press releases). Whilst the production of media 'guidelines' for the reporting of particular illnesses can reduce the perpetuation of stigma or negative reporting, any approach which attempts to influence how the media represent a topic must recognise the complex relationship between the media, researchers and the public.

The literature on media representations demonstrates the utility of such studies for a wide range of health conditions. Although this literature is broad, two dominant features were identified throughout media coverage, the dominance of the medical model and the pervasiveness of ideas of individual responsibility for illness. These studies have also demonstrated that media representations can be both a key site for the endurance and the challenge of stigma.

Finally, the literature on social constructionism showed that this theoretical approach has been usefully applied to study health related topics. Many social constructionist studies use media methods to explore representations as the media have been identified as a site of influence for illness constructions. Two social constructionist studies relating to musculoskeletal conditions were found, although neither was solely media focussed. Both studies were concerned with the representation of illness and demonstrated the utility of a social constructionist approach for investigating how musculoskeletal conditions are constructed.

In summary, research investigating media representations and constructions of arthritis is lacking. The few studies that have been conducted have had limited focus, comparing arthritis with other

conditions using a variety of media sources including newspapers, magazines and television.

These studies have found that non-life threatening chronic illness, such as arthritis, feature in the media less than acute or life threatening disease. None of these studies focused solely on arthritis, nor were they undertaken in Britain, and all were conducted more than 20 years ago.

Whilst there has been much research in the field of Media and Health, there has been scant research into arthritis in the media. Addressing this gap is crucial as it has been previously proposed that negative perceptions of arthritis have a detrimental effect on people's experience and their ability to manage their condition. Such negative perceptions may stem from media constructions as it is well established and accepted that negative news reporting can have a detrimental impact on perceptions and experiences of health and illness (Seale, 2003b). Social constructionism provides the theoretical backdrop for this research, allowing an exploration of how arthritis and joint pain are constituted within society. The paradigmatic approach of social constructionism is ideal for this research as it emphasises the ways in which knowledge, meanings and reality can be shaped through social processes. The role of social constructionism in this research is discussed in more detail in Chapter Two.

1.6 Research questions

With the above research gap in mind, this study addresses four research questions, seeking to identify:

- 1) What representations of arthritis exist within British media?
- 2) What factors influence representations of arthritis in British media?
- 3) How are media representations of arthritis discussed and reflected on by social groups?
- 4) What impact do media representations of arthritis have on the construction, perception and experience of the condition?

1.7 Overview of thesis

This introduction has provided the background, rationale and literature relevant to the study and identified the research gap and research questions that this thesis aims to address.

In Chapter Two I discuss the theoretical underpinning of the study (social constructionism), make the link between studying social constructionism in the media, and detail the methods used (analysis of print newspaper and digital magazine sources, and a focus group study).

Chapter Three is the first of five findings chapters relating to the media study. This chapter is presented in two halves, the first half providing an overview of the results from the media study as a whole, and the second half providing the descriptive newspaper findings that underpin the theoretical newspaper findings chapters. This chapter details the findings relating to trends in language and themes, and similarities and variance across newspaper publications.

Chapter Four is the first of three theoretical chapters from the newspaper study. This chapter explains the key finding of the representation of arthritis as multiple - conceptualised variously as a disease, condition or ailment.

Chapter Five discusses the representation of disability in the newspaper study, using the dichotomy found in the articles of those with disabilities as 'saints' or 'scroungers'. The effects of these constructions on the representation and perception of arthritis are then discussed.

Chapter Six explores the representation of ageing in the newspaper study. Again a dichotomy in representation was found, with ageing represented as either a 'peril' or 'promise'. As in the previous chapter, the effects of these constructions of age on the representation and perception of arthritis are discussed.

Chapter Seven is the final findings chapter from the media study. It examines the representation of arthritis in digital magazine articles. Comparisons are made between the representations in

three magazines aimed at different demographics, to understand the influence of age and gender on representations of arthritis.

Chapter Eight explores the findings from a focus group study. The reception of media messages about arthritis in social groups is presented and discussed.

Finally, Chapter Nine discusses the findings of this research in light of relevant theory and implications of the research on arthritis practice are presented. The contribution to knowledge is detailed, strengths and limitations of the study are examined and recommendations are made for future research.

1.8 Conclusion

This introduction and literature review has presented literature relevant to chronic illness, disability, ageing and media and health. Through the exploration of these topics I have demonstrated that little research exists relating to constructions of arthritis in the media. It is this gap that the above research questions aim to address. To attend to these questions, first I will examine media representations of arthritis. Second, I will consider how constructions of disability and ageing influence these media representations of arthritis. Third, I will analyse how the public receive these media messages. Finally, the effect of these representations will be discussed.

The next chapter will detail the methodological approach taken and methods used to examine the four research questions outlined above.

Chapter Two

Methodology and methods

2.1 Introduction

This chapter details both the methodological approach taken, and the methods used, in the study. First social constructionism is discussed as the orientating theory to this thesis, and the links between social constructionist theory and media research are detailed. This chapter then offers an explanation for the use of a qualitative approach, before providing an overview of the methods used. Next, the methods used to explore media representation of arthritis are specified. A newspaper study and magazine study are outlined including data sampling, data collection and analysis. Finally the focus group method, used to explore media reception, is discussed. Details of sampling, conduct of the focus groups, transcription and analysis are outlined.

2.2 Social constructionism

The theory of social constructionism underpins this research and enables an exploration for how arthritis and joint pain are constituted in society. By investigating the multiple and various constructions of arthritis, and how these emerge and are sustained, I hope to elucidate the cultural meanings of arthritis. Understanding and acknowledging these cultural meanings is imperative as they can impact on all aspects of the condition including the lived experience of illness, the medical encounter (such as contact with health professionals), and social perceptions of arthritis and self-management.

There are many definitions of social constructionism, and its application as both a theory and methodology can vary greatly. However all versions of this approach generally share similar epistemological standings, which contest the nature of truth and knowledge; and adopt certain linguistic assumptions such as a focus on how language constitutes reality (Gergen, 2009a;

Chapter Two: Methodology and methods

Hacking, 1999). To say that something is socially constructed means that it has gone through a process of development which has been mediated by social factors. It therefore has a history in which social processes have been important and influential in shaping it into what we think of it today (Hacking, 1999).

Social constructionism does not assume a hierarchy of knowledge and therefore does not include or exclude particular beliefs, perceptions or discourses based on whether they are perceived to be truthful or in line with current scientific thinking. As such this perspective challenges the accepted wisdom of Western societies regarding knowledge formulation and truth claims. This accepted wisdom is based on the realist paradigm, which is the epistemological and theoretical basis for the natural sciences and positivism in social sciences. Proponents of the realist paradigm claim that truth is unitary in nature and knowledge is an objective corpus that is separate from the individual (Löwy, 1988). These claims around truth and knowledge underpin the natural sciences and form the basis on which objective experimentation is used in order to assimilate scientific knowledge. In contrast, social constructionism is based on a different approach to knowledge construction and formation, asserting that knowledge is not objective, but is socially contingent, open to and affected by the society of the time (Gergen, 2009a). As such, knowledge is the product of a social process (Fleck, 1979; Löwy, 1988), and therefore said to be 'socially constructed'.

Social constructionism encompasses the idea that elements of our 'taken for granted' society that are deemed to be 'natural', can instead be viewed as a result of the various societal pressures that have shaped and moulded them into how they currently present (Nettleton, 2006). Arthritis is a condition that is seen not only as 'natural' in terms of how it is medically defined and accepted within society, but also natural in terms of how it is viewed socially as an inevitable part of ageing (Gignac, Davis, Hawker, Wright, Mahomed, Fortin & Badly, 2006). The assumed 'naturalness' of arthritis, both medically and in terms of the social associated of arthritis and joint pain with

Chapter Two: Methodology and methods

ageing, makes it the perfect object of study using a social constructionist approach, as this approach can be used as a tool that allows for the 'problematization' of such taken for granted realities (Nettleton, 2006).

The study of language played an essential role in establishing the social constructionist thesis. According to Gergen (2009a) language is our 'central vehicle' for communication, and the way that we negotiate, understand, and agree; in this way language constructs reality. Language around health, illness and disease, and the employment of linguistic devices such as metaphor and rhetoric, shapes the societal view of these concepts and establishes how specific conditions are perceived within society (Lupton, 2003). The role that language plays in shaping perceptions of disease and illness can be seen in the works of Sontag (1978, 1989). 'Illness as Metaphor' focussed on the ways in which particular discourses about illness can lead to stigmatisation of both the illness and the person who is ill (Sontag, 1978). Sontag contrasts the stigmatisation of tuberculosis with that of cancer within modern society. Her second essay on the subject, 'AIDS and its Metaphors', explores the same concepts of stigma by documenting the rise of HIV/AIDS and the discourse associated with it (Sontag, 1989). Both texts successfully demonstrate the effect of language on how illness is lived, experienced, acknowledged and treated within society. Sontag (1978, 1989) emphasises the negative role of metaphor in discourses about illness and disease, and suggests that creating a more accurate language of diseases will increase society's understanding, which in turn will reduce the stigma associated with them. Sontag's work demonstrates the important role that language has in constituting illness in society. People's beliefs, behaviours and experiences are both situated within a system of language, and contingent upon that same system.

Arthritis is a condition which, for the most part, is considered to be a culturally static and stable phenomenon in that it is recognisable and diagnosable through medical techniques and practices. Whilst there is some debate regarding the exact aetiology and pathology of the condition (Peat et

al., 2005; Sokolove & Lepus, 2013), arthritis is recognised as having clinically diagnosable signs and symptoms and recommended treatments (NICE, 2014). However, despite this perceived stability, cultural processes and perceptions of associated factors (such as disability and ageing) can influence what arthritis is perceived to be, and how it is constructed. Understanding the discourses, beliefs and perceptions that surround arthritis can enable a better awareness of the place that the condition holds within society. Whilst there has been some research which has indicated some of the popular discourses and beliefs about the condition (Ali et al., 2012; Barker et al., 2014; Gignac et al., 2006; Hendry et al., 2006; S. Hill et al., 2011; Turner et al., 2007), there is a lack of research solely focusing on how they come about and what influences them.

2.3 Media research

The media has an important role in social construction, it communicates information in a way that helps to shape public thinking about topics and establishes public debate (Silverstone, 2002). By providing a direct channel between societal powers (such as the Government), 'experts' (such as medical and research authorities), and the general public, the media plays a pivotal role in agenda setting, influencing what is deemed important in society (Seale, 2002). Even media forms that the public generally consider to be accurate and objective, such as news broadcasts or articles in quality newspapers, present subjects or topics according to their own perspectives (Uribe & Gunter, 2009). As the media can choose to expose topics that they deem to be important, and then present them in a way that they deem to be accurate, they are able to direct, shape and form public opinion (Uribe & Gunter, 2009). However this is not a linear, one way process. The media has a complex relationship with society and individuals; it both shapes and is shaped by popular opinion (Deary, Whiteman, & Fowkes, 1998).

The use of media methods for the exploration of the social construction of illness is common. Newspaper analysis is the most popular approach, with topics including age, men's health, sleep,

Chapter Two: Methodology and methods

insomnia and snoring, Modafinil use (a medication for excessive daytime sleepiness), dying and asthma explored this way (Boden et al., 2008; Gough, 2006; Mayer, 2012; Parales & Dulcey-Ruiz, 2002; Seale et al., 2007; Seale, 2004; S. J. Williams, Seale, Boden, Lowe, & Steinberg, 2008b).

Other print media methods, such as the analysis of magazines, have also been used to examine constructions of cancer, both generally (Clarke & Everest, 2006) and breast cancer specifically (Lantz & Booth, 1998), along with methods that include the mass media more broadly (combining print and television representations) which have been used to explore constructions of mental illness (Nairn, 2007).

Media research can be configured around three aspects, media production, media representation and media reception (Gunter, 2000; Kitzinger, 1995; Seale, 2003). These areas are discussed in turn below.

2.3.1 Media production

Media production refers to the creators of media, both individuals and institutions, and how they produce media. The process of media production is influenced by numerous factors; as such the media is not a neutral broadcaster of reality. These influences can be both general, such as political, institutional, financial and social concerns, and specific, such as industry pressures, influence from stakeholders and format requirements (e.g. differences between print and televised news media). All of these factors can influence whether and why information is presented, and therefore matters of media production are intrinsically linked to the representation and reception of media (Hesmondhalgh, 2006; Kitzinger & Williams, 2005; Tulloch & Zinn, 2011)

Due to the vast influence of the media, and the relatively small number of individuals and organisations in control of it, issues of power are inescapable (Hjarvard, 2008). Therefore media production research aims to understand both the role of media professionals in the production of

Chapter Two: Methodology and methods

media about a topic and what influences them (Miller & Williams, 1993; Van Gorp, 2007). The analysis of media production is often undertaken through research involving journalists, stakeholders and broadcasters, using methods such as interviews and focus groups (Henderson & Kitzinger, 1999; Hodgetts, Chamberlain, Scammell, Karapu, & Waimarie Nikora, 2008; Leask, Hooker, & King, 2010; D. Miller, 1999; Philo, 2007). These studies aim to analyse what influences reporting by journalists and how they report on topics, shape their output and select and use sources. Media production issues can also be analysed by paying close attention to the use of sources, the presentation of reporting 'balance' and the use or withholding of 'voice' in articles (Williams, Kitzinger, & Henderson, 2003).

2.3.2 Media representation

Media representation is concerned with the way that a topic is presented within the media, the words that are used and the stories that are told. According to Hall (1997), media representation is not reflective of the world, it is instead constitutive. That is, media representation actively constructs that which it represents, and is therefore not *outside* of the event or topic, but *within* it (Hall, 1997 [emphasis in the original]). The dominant and pervasive nature of media in today's society results in people taking their point of departure about the perceptions and constructions of reality from the media (Hjarvard, 2008). As such, no understanding, perception or construction of the world is separate and distinct from the media's influence. Due to the constitutive nature and dominant influence of media, social constructionist research often studies media representation in order to analyse topics of interest.

Media representation studies are commonly used to explore topics of health and illness. A variety of approaches and analytical techniques are used in media representation studies, the most common methodologies include discourse analysis (Clarke & van Amerom, 2008; Gough, 2006, 2007; Nairn & Coverdale, 2005; Rozanova, 2010), content analysis (Hallin, Brandt, & Briggs, 2013; Henderson, Kitzinger, & Green, 2000; Hilton, Hunt, Langan, Bedford, & Petticrew, 2010; Mayer,

Chapter Two: Methodology and methods

2012; O'Connor & Joffe, 2013; Seale, 2004) and media framing analysis (Clarke & Everest, 2006b; Van Gorp & Vercruysse, 2012; Wallis & Nerlich, 2005). Content analysis can be qualitative or quantitative, or a mixture of the two, depending on the focus of the research. Constant comparative method is a common analytical technique in Health Services Research and Medical Sociology which has also been used in Health and Media research (Coyle & MacWhannell, 2002; Gough, 2007; Seale et al., 2007; Seale, Ziebland, & Charteris-Black, 2006). The constant comparative technique uses both qualitative and quantitative methods to analyse the content of a body of text. This approach enables researchers to comparatively compare two texts to understand the difference between them by analysing the frequency with which certain words appear in each (Seale, 2008).

Content analysis and associated methods, such as constant comparison techniques, enable researchers to analyse a large corpus of texts with ease. This allows large samples to be analysed, and provides a good overview of how the media represents the topic at hand. However, there has also been criticism of this method. The main criticism is levelled at the rigidity of the text assumed by such an approach (van Dijk, 1988). This method relies on words having a fixed or neutral meaning, regardless of time or context as it enables the words to be counted and/or compared.

The idea of a language having a fixed meaning is contested by other scholars, such as those who follow a critical discourse approach (Fairclough, 2001a; van Dijk, 1993). Critical discourse analysis has a variety of different approaches and methods, however all approaches rely on a close attention to the text through an examination of language, discursive devices and latent messages (Fairclough, 1992; Seale, 2001). Critical discourse analysis is a useful analytical tool when researching media representations as it enables the researcher to examine not only the manifest meaning of the text, but to also understand the underlying messages that are conveyed and the influence that such messages may have on audiences. This approach has been commonly used in the field of Media and Health to analyse a vast array of health related topics including ageing

Chapter Two: Methodology and methods

(Rozanova, 2010), mental illness (Coverdale, Nairn, & Claasen, 2002; Nairn & Coverdale, 2005), cancer and heart disease (Clarke & van Amerom, 2008), men's health (Gough, 2006), women's health (Newman, 2007), the use of online health resources (Nettleton, Burrows, & O'Malley, 2005), immunisation (Leask & Chapman, 2006), tuberculosis (Lawrence, Kearns, Park, Bryder, & Worth, 2008), health and medicine reporting (Hallin et al., 2013), genetics (Petersen, 2001) and the representation of doctors (Lupton & McLean, 1998).

The final approach commonly used in media representation studies is that of thematic or media framing analysis. Thematic or media framing analysis are two approaches that are used in similar ways in media and health research. Both approaches attempt to understand how a topic is represented in the media, and what factors influence this representation. They examine the perspectives that the media take when representing a particular topic, and study the parameters of the study – what is included or excluded (Clarke & Everest, 2006). These approaches bear similarities to discourse analysis, with both demanding that close attention is paid to latent messages. Indeed some researchers link discourse and thematic/framing analysis together to create a singular analytical approach (Clarke & van Amerom, 2008), whilst others draw on techniques and theory from both approaches to inform their research (Clarke, 2011; Leask & Chapman, 2006; Wallis & Nerlich, 2005).

Goffman was highly influential in the development of this form of analysis, arguing that frames included a 'schematic of interpretation' (Goffman, 1974, pg.30) – an in-built framework for how the topic should be interpreted. Therefore when particular representations of a topic are repeated over time, the recurrent themes or frames become dominant and included in the 'taken for granted reality' of people's lives (Clarke & Everest, 2006; Gamson, 1992). As such the particular media representation is rendered invisible and the perspective offered through the media becomes reality (Van Gorp, 2007). This form of analysis attempts to expose the shaping

Chapter Two: Methodology and methods

mechanisms at play which mediate how topics from media stories are received and interpreted by audiences (Van Gorp & Vercruysse, 2012).

As with the other analytical methods, thematic or framing analysis has been used to analyse media representation of a variety of health topics, either alone or alongside another analytical method. The topics have included health in general (Leask et al., 2010) sleep (Boden et al., 2008; Coveney et al., 2009; S. J. Williams et al., 2008a), cancer (Clarke & Everest, 2006; Clarke & van Amerom, 2008), heart disease (Clarke & van Amerom, 2008), obesity (Hilton et al., 2012; B. Holmes, 2009), medical education (Regan de Bere & Petersen, 2006), eating disorders (Shepherd & Seale, 2010), dementia (Van Gorp & Vercruysse, 2012), SARS (Wallis & Nerlich, 2005) and diabetes (Gollust & Lantz, 2009). The majority of these studies analysed print media reporting alone (with newspapers being the most common source). However some studies combined print with wider media sources (such as television, internet and radio media) (Regan de Bere & Petersen, 2006), whilst others also used interviews with journalists (Leask et al., 2010).

Despite the varying theoretical and analytical approaches to the study of representation in the media, such studies all have the common aims of attempting to understand how topics are represented in the media, and to question what effect such representations may have on the cultural understanding of the topic (Clarke & van Amerom, 2008; Collins, Abelson, Pyman, & Lavis, 2006; Gough, 2006, 2007; Hallin et al., 2013; Henderson et al., 2000; Hilton & Hunt, 2011; Mayer, 2012; Nairn, 2007; O'Connor & Joffe, 2013; Seale, 2002).

2.3.3 Media Reception

Although media is pervasive in society, media audiences do not passively accept media messages (Philo, 2008; Seale, 2004). Indeed studies have demonstrated that audiences may actively resist media messages, or have a divergent reading of them (Hall, 1980). The understanding of audiences as 'active' is in contrast to previous understandings of media messages being

Chapter Two: Methodology and methods

unquestionably accepted, a model commonly referred to as the 'hypodermic needle' approach (Boden et al., 2008; Hughes et al., 2006). As such, an appreciation of how media audiences negotiate and interpret media messages is important (Leask, 2016). Media reception studies explore how messages within the media are interpreted by individuals and groups in society.

According to Kitzinger (2013) the extent to which a media message may be influential will depend on its 'social currency'. That is, the extent to which people are willing to take in, and then reiterate, the message that they have read or heard, and the value of the media story in a social context (Kitzinger, 2013). If a media message has a high social currency, then it is more likely to be repeated and therefore be influential. However the 'social currency' of a media message can vary according to each individual. As such, media audiences cannot be considered homogenous or singular. Instead, increasingly media audiences are being recognised as heterogeneous. Hence, media reception studies have moved away from the idea of mass audience to fragmented audiences (Seale, 2003b). This approach also takes into consideration that those who produce, influence and shape media messages, are also in receipt of them and therefore are part of media audiences. This is particularly important in the case of health topics, as members of the lay public both with and without particular illnesses are audience members, along with those who treat and care for them such as healthcare professionals.

This framework of media production, representation and reception or 'circuit' represents a complex system, with each aspect influencing and being influenced by one another (Miller, 1998). The process is dynamic and in continuous flux. According to Holliman (2004), it is within this system that four sets of actors (the public, media, social and political organisations and decision makers), network to influence the production, content and reception of media messages. This framework has been successfully used in media research, including studies into health related matters (Clarke & Everest, 2006b; Clarke & van Amerom, 2008; Herek et al., 2003; Holliman, 2004; Kitzinger, 2000; Miller & Williams, 1993; Miller, 1999; Williams et al., 2003). Although the three

Chapter Two: Methodology and methods

aspects of media, production, representation and reception, are intertwined and influence one another, for the purposes of media research they can be each analysed separately (Holliman, 2004). Some studies use only one of the aspects of media, however using two or more aspects of this framework within a study can enable the researcher to tease out the complex relationships between the creators of media, the messages communicated in the texts, and how these are received by the audience (Miller, 1998; Philo, 2013; Seale, 2003a).

2.4 A qualitative approach

The methodological approach employed within this study, and the methods used, have arisen in order to answer the research questions detailed in Chapter One (Section 1.6). These research questions necessitated a qualitative approach as they were concerned with understanding the language, beliefs and perceptions of arthritis and joint pain. Qualitative research is generally concerned with understanding meaning and experience within society, aiming for depth rather than breadth of study (Pope, Ziebland, & Mays, 2000; Sandelowski, 2004; Silverman, 2010). Using a qualitative approach allowed focus on the language and meanings associated with arthritis and capture the depth, complexity and subtlety of constructions that exist around this topic in British print and digital media.

Qualitative research also allows for coherence between theory and method. Social constructionism is concerned with understanding how things are in society, and how and why they have come to be this way (Gergen, 2009a). Such an approach emphasises the contingent nature of social reality, arguing that aspects of society that may be seen as natural are instead products of social shaping (Gergen, 2009b; Hacking, 1999). Knowledge and truth are therefore not singular entities, separate from society; they are multiple and numerous products of society. Methodological recognition of this multiplicity and contingency is therefore essential in this research, and allowed for a qualitative approach.

2.5 Overview of methods

Previous social constructionist studies have used many approaches including media studies, interviews, focus groups and theoretical explorations; with some researchers combining methods (Erol, 2011; White, Faithfull & Allan, 2013; Zhou, 2007). As discussed in Chapter One and above, the media enables investigation of social construction as it actively constructs topics, and reflects current societal understandings. The use of media analysis when researching the social construction of a topic is an accepted methodological approach and a variety of health related topics have been explored using such methods. As detailed above, the complex relationship between the media and society can be thought of as a dynamic process of influence between three domains of the media: media production, representation and reception (Holliman, 2004; Kitzinger, 2000; Philo, 2007a, 2013). These three domains provide the framework for this study and choice of methods.

Media representation was explored through analysis of print newspaper and digital magazine content. *Media reception* was investigated by conducting focus groups with pre-acquainted community groups. *Media production* was explored throughout analysis of newspaper and digital magazine articles and the focus group study by examining factors that influenced media content. The methods are outlined in detail below.

2.6 Media study

2.6.1 Newspaper study

National newspapers were used as the print media resource for two reasons. First was a practical consideration. Newspapers are ubiquitous, easily accessible and searchable, and methods of analysis for print media text are well established and relatively easy to apply (Clarke & Everest, 2006). Second, newspapers are a media form that is pervasive within society, capturing and

Chapter Two: Methodology and methods

reflecting current societal attitudes and topics of importance. Despite changes in how mass media is consumed, such as recent trends towards digital forms of newspapers (Audit Bureau Circulations, 2012; National Readership Survey, 2013c), and a downwards trend in print circulation figures, traditional print media still represent an important element of mass media (Ha & Fang, 2012). Many print titles still reach higher readership figures than their online counterparts (National Readership Survey, 2013c), and surveys have demonstrated that 84% of the UK population have read a printed daily newspaper in the past year (The Guardian and YouGov, 2013). As such, despite changes transpiring in the consumption of media, print media is still a large and highly influential component of media, and therefore a good target for research. Newspapers provide a rich resource for health research as aspects of health are printed in different parts of the newspaper, such as lifestyle or science articles. This means that the same condition can be presented in different ways, with varying emphases (Williams, Seale, Boden, Lowe, & Steinberg, 2008a). Newspapers also provide unique additional elements for analysis as readership can be roughly stratified into age and socio-economic class, and publications can be grouped by genre (tabloid, middle market or broadsheet) and political leaning (National Readership Survey, 2013a). These additional analytical features have been exploited effectively by other researchers, allowing insight into differences between language, stereotypes and rhetoric (Williams et al., 2008a).

2.6.1.1 Type of search

The two main ways of identifying and retrieving print media articles are manually searching newspapers within archives, or searching a database containing electronic content using keywords. Manually searching archives allows access to information that is lost through the use of a database (such as the context, situation and placement of an article and any associated images) but is time-consuming and liable to human error (Deacon, 2007; Wodak & Krzyzanowski, 2008). The large scope of the study meant that using a database was the only practical option due to the

Chapter Two: Methodology and methods

speed, efficiency and accuracy it offered. Furthermore, this method has been utilised successfully and effectively within previous studies (Brown et al., 2001; Clarke & van Amerom, 2008; Coverdale et al., 2002; Halpin et al., 2009; Hilton et al., 2010; Hilton & Hunt, 2011b; Nairn & Coverdale, 2005; Seale et al., 2007).

2.6.1.2 Selection of newspaper database

Selecting the most appropriate database for the study is essential, as the newspaper access and functionality of the database affects the newspaper corpus created and analysis possible. I required a database that allowed access to a wide variety of British national newspapers, with the ability to search a specific time period. Four databases have previously been used in media research, Nexis (S. J. Williams et al., 2008a), Newstext (Coverdale et al., 2002), Newsbank (Gough, 2007) and Proquest (Clement & Foster, 2008). Nexis appears to be the most frequently used for research purposes (Brown et al., 2001; Coveney et al., 2009; Haller, Dorries, & Rahn, 2006; Nerlich & Jaspal, 2013; O'Connor & Joffe, 2013; Seale, 2001, 2002; Seale, 2004; Seale et al., 2007; Seale, 2010; Shepherd & Seale, 2010; Wallis & Nerlich, 2005; Washer, 2004, 2005; Williams et al., 2008b, 2008c; Yavchitz et al., 2012). Nexis is an online database which contains a large selection of global print media, including all national and most local newspapers within the UK, and has been demonstrated as reliable (Deacon, 2007). The content for all national newspapers dates back at least three years, although the exact period covered for each publication varies (Nexis, 2014). Articles are drawn from all sections of the newspaper, allowing the best chance to gain a complete dataset. In addition, Keele University held a licence for the database; therefore no additional cost was involved. See Appendix One for details of the search strategy used in Nexis.

2.6.1.3 Newspaper sampling

As newspapers are not neutral conveyers of an agreed reality, there are many different influences on how stories are presented. The target market of the newspaper is an important consideration that can be stratified a number of ways. Newspaper selection was based on the highest

Chapter Two: Methodology and methods

circulation and readership figures, combined with factors of gender, social class and political leaning. It seemed important to ensure that all of these aspects were included within the newspaper sampling as they can influence people's opinion and perspective. By sampling with these stratifications in mind, I aimed to capture diversity of popular opinion within British press.

Circulation and Readership

I included the eleven most widely read and circulated national newspapers (excluding the Financial Times as the content was not relevant to this study) and, where available, their respective Sunday editions (Audit Bureau Circulations, 2012, 2013; National Readership Survey, 2013a). Selection based on circulation is a common strategy in media research (Hilton et al., 2010, 2012; S. J. Williams et al., 2008a), and ensures that dominant perspectives are captured. However using circulation figures alone does not provide the full picture of the reach of a newspaper, as circulation and readership figures can differ. Whilst circulation figures provided detail about quantity of newspapers bought for each publication, readership figures allow insight into the number of people that have read each publication. Using a combination of both of these figures can give more comprehensive understanding of the popularity of a newspaper than circulation or readership figures can give alone.

Based on circulation and readership figures eleven newspaper titles were selected. These newspapers can be sorted according to genre (tabloid, middle market or quality/broadsheet) and political leaning (left or right) as shown in Tables 2.1 and 2.2 below.

Table 2.1 Eleven highest circulating British newspapers according to genre

Tabloid	Middle market	Quality/broadsheet
The Sun	Daily Mail	The Times
Daily Star	Daily Express	Daily Telegraph
Daily Record		i
Daily Mirror		The Independent
		The Guardian

Table 2.2 Eleven highest circulating British newspapers according to political leaning

Political Left	Political Right
The Independent	The Times
i	Daily Telegraph
The Guardian	The Sun
Daily Mirror ¹	Daily Mail
Daily Record ²	Daily Star
	Daily Express

¹ The Daily Mirror may be considered politically left leaning due to the historical support that it lends to the Labour party, however on some political issues, such as immigration, the view of the paper is more in-keeping with the political right

² The Daily Record is owned by Trinity Mirror, therefore like the Daily Mirror, has historically supported the labour party, but represents a political right view on some topics

Chapter Two: Methodology and methods

2.6.1.4 Newspaper search strategy: keywords

Representations of diseases are various and complex, as there is no singular correct and agreed discourse of any disease. Capturing this complexity was vital to the research. Discourse around arthritis often uses a broad variety of terms to describe the condition. The use of medical terminology, such as the term 'osteoarthritis', alone would privilege medical discourse about the topic and risk representing one perspective of the condition. In order to gain non-medical, lay perspectives that better represented the view of the general population, I used a combination of keywords.

The search strategy was developed in five stages.

1. Brainstorm of terms considered relevant to the study
2. Terms were discussed with supervisors and a Public and Patient Involvement (PPI) group (for more details about the contribution of the PPI group see Appendix Two). In these meetings some terms were agreed, new terms added and some discarded.
3. Test search with each potential keyword using the Nexis database and the eleven newspapers detailed above in Section 2.6.1.3.
4. The articles returned from this search were assessed to determine the number relevant to the study, and how efficient each term was at capturing relevant articles.
5. Final selection of terms used in the study. These were: "arthritis", "osteoarthritis", "joint pain" and "wear and tear".

2.6.1.5 Newspaper search strategy: inclusion/exclusion criteria

Within media analysis there is a balance to be struck between the breadth of articles included, and the depth to which they can be explored. Therefore decisions around inclusion and exclusion

Chapter Two: Methodology and methods

of articles must be made carefully to ensure that the final sample represents the breadth within the media, whilst still ensuring that the size is practical for data analysis.

A number of strategies exist to aid researchers' decision making about inclusion of retrieved articles. One strategy is using a 50% rule where only articles that have half of the content directly relevant to the topic are included (Hilton & Hunt, 2011). This strategy is commonly employed when the researcher knows that the keywords used will yield high numbers of results, and only the very relevant articles are of interest to the study. Whilst this method works for some studies, in preliminary testing I found that applying this method eliminated relevant discourse about arthritis and privileged medical or research based articles. As colloquial, metaphorical and passing mentions of arthritis and joint pain all shape the social perception of the condition; I felt that it was important to include articles with such references within them. Therefore I chose not to employ this rule and opted for a broader inclusion and exclusion criteria.

Based on preliminary testing, the following inclusion and exclusion criteria for the print media study were applied:

Inclusion criteria:

- The inclusion of one of the key words: "arthritis", "osteoarthritis", "joint pain" or "wear and tear"
- About human arthritis
- About the condition (e.g. not about a charity such as Arthritis Research UK)

Exclusion criteria:

- Non-human (e.g. animal arthritis)
- Not about the condition (e.g. about Arthritis Research UK Charity)
- Specifically about another condition (e.g. about rheumatoid arthritis)

Chapter Two: Methodology and methods

This method allowed retrieval of articles from different sections of the newspapers, and collection of a wide-range of perspectives of arthritis. Areas of the newspaper that articles were taken from include: editorials, features, news, letters to the editor, advertisements, health, obituaries, 'look ahead' sections, and pull-outs.

The search time period was one year from 1st September 2012 to 31st August 2013. This timeframe allowed the capture of any potential seasonal differences in media reporting of arthritis, whilst still ensuring practicality.

2.6.2 Data analysis

As discussed in Chapter One, different approaches exist for analysing media content such as newspaper articles. The most common approaches, including content analysis, assume that text has a fixed meaning and therefore simply count instances of word usage within text in order to establish the overall meaning and content of an article (Neuendorf, 2002). This approach was not appropriate for this thesis as the underpinning of such an approach assumes unitary truth, conflicting with the epistemology of social constructionism. To prevent such epistemological conflict the analytical methods I used were more interpretive, recognising the plurality of meanings and subjective interpretation of texts. The importance of text and language in constructing, reproducing and shaping discourse is recognised within social constructionist approaches and so, to ensure that the media articles were analysed in a way that allowed for a thorough exploration of the text, plurality of analytical methods were used. This section details how and why thematic categorisation and discourse schema analysis were adopted.

2.6.2.1 Thematic categorisation

Thematic categorisation was used to code, sort and analyse all of the newspaper articles.

Thematic categorisation is similar to the frequently used thematic analysis as it seeks to sort, create links and identify patterning within data. However unlike thematic analysis, thematic

Chapter Two: Methodology and methods

categorisation does not remove coded excerpts from the articles during this process. Instead when codes are identified the entire article, rather than specific section, is placed within that code, resulting in whole articles being coded repeatedly. This allowed the codes to be used as an ordering or filing system. The advantage of this method was that it ensured that data were not decontextualized, and allowed each code to be seen in the context of the full article from which it emerged. During thematic categorisation a coding framework or matrix was created. This matrix assisted the ordering and storage of data and allowed patterns within the data to emerge. The matrix was created through the reviewing, grouping, expanding or splitting of codes as necessary to create hierarchical themes and subthemes. The process was ongoing and iterative which ensured that the matrix created best described and ordered the data.

To assist with data management and analysis QSR International's NVivo 10 was used. This software allowed me to store and organise the large quantity of articles that were retrieved. Articles were coded on a month by month basis, identifying relevant codes, and coding the entire article as described above. NVivo assisted in this process as I was able to create a new node for each code identified, and then sort the nodes hierarchically to create the matrix. The codes, themes and subthemes generated were both inductive, and emergent from the data, and deductive, and influenced by wider reading. Codes were generated for every aspect of the article that was considered relevant to constructions of arthritis. The codes were not mutually exclusive and articles were assigned as many codes as required to describe the data. This resulted in some articles having numerous codes, whereas others only had one.

Through the coding process I attempted to capture salient points or themes within the articles. The process was iterative, and therefore required continuous checking for new codes generated in previously coded articles. To assist this process, I coded the data on a month by month basis as the end of each month provided a natural point for reflection on the codes. As the number of codes grew, relationships between them began to emerge; therefore some codes were

Chapter Two: Methodology and methods

amalgamated to create overarching themes, whilst other codes were split to increase the specificity of them. An overview of the thematic categories and sub-categories created during this process is available in Table 3.3, pg. 90.

Once I had coded and structured all of the data, I re-evaluated the coding. During this process underdeveloped codes were reviewed by checking through the data to ensure that any relevant articles had not been missed. I also conducted a number of text searches using relevant search words to identify any relevant articles that had not been coded. This process allowed me to reconsider the grouping of the data, as well as providing a quality check by verifying that all articles relevant to each code had been captured. Additionally, I re-evaluated the coding matrix, reconsidering the relationships between the codes. Due to this process being a conceptual one, it was difficult to review the matrix on the computer. Therefore I transferred the matrix onto paper, which allowed a review of the groupings by physically rearranging them as necessary (see Appendix Three for a photograph of this process). During this process I worked between the physical paper representation of the codes, and the computer dataset, which allowed me to review the process without removing it too far from the original dataset. I was able to make previously undiscovered links between different codes, and reevaluate my hierarchical matrix. Changes to the coding included the breakdown of the theme of 'benefit welfare' into three subthemes (benefit fraud, welfare and assessment) and the creation of a new theme 'associated problems', which contained wider problems associated with the condition, but were not symptoms of it (such as loneliness/isolation, and difficulties with sleep and sex). Following this re-evaluation, I imposed the new structure onto my data in NVivo. The final hierarchical codes became the thematic categories, with full articles within each, sorted into an overall matrix that helped to structure and explain the data. Throughout this process I made memos of my thoughts, ideas and 'hunches' about the data which were later used to inform the discourse schema analysis.

Chapter Two: Methodology and methods

2.6.2.2 *Discourse schema analysis*

The second analytic method used was discourse schema analysis (Hansen & Machin, 2013). The rationale for selecting this method was that it allows for close attention to be paid to the narratives³ in the articles, as well as what socially produced norms, ideas and knowledge they represent. By combining methods of narrative and discourse analysis, both the underlying narrative schema, and the wider social meaning given to such narratives can be analysed (McDougall, 2012). Combining these two elements through the analysis of both narrative and discourse enabled me to study both language and discursive devices at the textual level, as well as going beyond individual texts to make wider links to society. This was achieved by establishing narrative patterns across the articles and within the thematic categories, as well as retaining the perspective of what the discourse communicated in the text means in wider society. Thereby discourse schema analysis allowed two main critiques of media analysis to be addressed. Firstly text based analysis does not allow for discourse to be understood in the wider social context (Philo, 2007), and secondly that non-text based analysis, such as thematic or narrative approaches, assumes neutrality of the text and thus ignores latent messages and discursive devices (Fairclough, 2001; van Dijk, 2011). Discourse schema analysis provides a middle ground between qualitative content analysis methods and critical discourse analysis methods, which enabled me to approach analysis from a textual perspective, as well as retaining a broader understanding of how these narratives are produced, and their place in wider society. This method draws on the Foucauldian (1984) meaning of the word discourse, which not only describes what is said, but also what can be said by when and by whom. Therefore discourse is more than language; it refers to socially constituted knowledge and practices.

3 The word 'narrative' can have a number of meanings; however within this research context I am taking narrative to mean a sequence of events that are not random, but have a trajectory (Hansen & Machin, 2013; Toolan, 1988). As I am dealing with media texts I recognise that the trajectories within the narratives are not always transparent, sometimes they are only implied, and nor are they always widely agreed upon. The implication of a trajectory of events is also a journalistic technique that is sometimes applied in order to link events and create an argument (Hansen & Machin, 2013).

Chapter Two: Methodology and methods

The thematic category analysis previously undertaken provided the structure to conduct discourse schema analysis as I analysed articles within the previously identified thematic categories. Initially I revisited the memos recorded during my first stage of analysis and, using these 'hunches' as a starting point, I began to explore the content of the thematic categories. During the article analysis I concentrated on two main aspects, the narrative schema and the language used, exploring both of these iteratively.

Analysis of the narrative schema drew on Propp's (1968) story approach and Labov's (1972) six elements narrative analysis. Vladimir Propp was a Russian linguist whose work on *The Morphology of the Folktale* was highly influential both within Russia initially, and later internationally (influencing linguists such as Barthes, (1972), Labov (1972) and Levi-Strauss (1955)). Propp structurally analysed Russian Fairy tales in order to describe the fairy tale *per se* (Propp, 1968). He did so by distilling the narrative into the smallest indivisible, obligatory units, called motifs, which he then classified in terms of significance, function and position in the text. The sequence of these motifs was the basis of his structural analysis, which he then abstracted to devise compositional laws of all fairy tales. According to Seale (2003), Propp (1968) has been influential in the field of media and health and researchers have used his narrative insights such as the identification of common features of stories such as the power of dichotomous presentations (such as heroes versus villains), and the use of narrative conventions which structure stories of similar contents (for example editorials and 'agony aunt' style letters each occupy their own individual and recognisable narrative structure).

I drew on Propp's (1968) narrative approach to analyse the narratives of articles within thematic analysis. In order to identify the underlying structure of such narratives, I distilled the narrative components of the articles into the smallest possible chunks of data that allowed the story to still be told. Once I achieved the simplest narrative available, I added back the detail to the stories to identify what elements of the stories were commonly used within the thematic category, and

Chapter Two: Methodology and methods

what elements differed. This approach gave me insight into how dominant discourses about topics can be created through the frequent use of a recognisable narrative schema, and therefore how the structure of media articles influences both media representation and reception.

In addition to the general approach to narrative that Propp's story approach allowed, I specifically used Labov's six elements of a story to analyse the theme of 'benefit fraud' (findings presented in Chapter Five, Section 5.3.1). Labov's narrative approach was used to analyse this theme for two reasons. First, these stories were structurally similar, regardless of the story presented or the newspaper in which it was published. Second, 'benefit fraud' stories were told from a singular perspective, meaning that they were simple in structure and followed a 'storied' pattern. This enabled me to analyse the different sections of stories by examining the function of each element separately (see Table 2.3.). Both of these qualities of the 'benefit fraud' stories are in contrast to the representation of other themes in the newspapers. Other themes were generally represented differently across newspapers and between stories; this meant that there was often not a singular narrative about a topic. Additionally, newspapers often attempt to show 'balance' in the article, by presenting more than one side or varied opinions about the event; this resulted in articles that were more complex in structure and less storied in comparison

Table 2.3 Labov's six elements of a story (Labov, 1972)

Element	Function
Abstract	Summary of the story
Orientation	Identification of orientating factors and introduction to main character
Complicating action	First part of the core story, sets up the action
Evaluation	Commentary on why the story is 'tellable'
Resolution	The second part of the core story, the final action
Coda	A statement to end the story

Chapter Two: Methodology and methods

In addition to analysing the narrative schema, I also paid close attention to the language and journalistic devices used in the text, to understand how the articles attempted to convey particular points of view and persuade the reader. Propp's (1968) identification of particular characterisations within stories such as the hero (who may be cast as a victim, seeker or winner), villain (who struggles against the hero), or helper (who assists the hero), along with his insights into the role of oppositions in storytelling, were influential in my analysis of these aspects of newspaper articles. The construction of particular characters, and the relationship between them as portrayed in the article, is an important aspect of newspaper storytelling, and a device employed to both entertain and persuade the reader. I analysed these aspects by interrogating the text, asking questions of it such as who are the main actors, how are they presented and what is the central topic of the text. In addition to these more general questions, I also investigated the role that arthritis played within the article, questioning whether it was integral or peripheral to the storyline, and the impact that this may have had on the choice to include the condition, and the way that it was represented in the text. These questions allowed me to examine the texts critically, to understand how those with arthritis were represented, as well as how the condition itself was represented. By linking the analytical approaches of thematic categorisation and discourse schema analysis, three main findings emerged: the multiplicity of arthritis, disability and ageing (see Chapters Three to Six).

2.6.3 Magazine study

Magazines have been a traditional target for media based research as they are considered to be ubiquitous, inexpensive and in widespread circulation (Clarke & Everest, 2006). In addition, the insights into particular reader demographics, as constructed within and by the magazines, along with the focussed but lengthy nature of their articles, make magazines a good resource in which to explore textual construction of a topic in depth. However changes in print media consumption patterns, such as the downward trend of print media readership and circulation, along with the

Chapter Two: Methodology and methods

exponential growth of digital and online sources, have been most marked in magazines (Ha & Fang, 2012; House of Lords: Select Committee on Communications, 2013). Transitions towards online readership have changed how people access and interact with magazines, calling into question the future of print-only magazines (Hooper, 2012). To study how arthritis is represented in the lengthier, targeted articles of magazines, as well as capture the transitions in magazine readership and circulation detailed above, I elected to analyse digital magazines, focusing on depth, rather than breadth, of analysis.

2.6.3.1 Magazine selection

The sampling strategy was based on magazine titles with the highest consumption across both print and digital platforms according to age and gender readership stratification⁴. I chose these selection criteria as age and gender are the two main audience demographics that magazines use to situate themselves in relation to their readers, these factors also have the potential to influence what stories and articles are published, and how these articles are communicated and represented (Twigg, 2012).

Age

The target age group of a publication can influence article selection and presentation, particularly for topics that are associated with specific age groups, such as arthritis. To capture any such discrepancies, I selected publications with different audience age targets, using two measures of audience age for each publication. Different age groups were identified through NRS figures (2013b, 2013d), and these readership profiles verified with the target population identified by the magazines themselves. This ensured coherence between the targeted audience and actual readers of the magazines. The two age groupings that are used by NRS are 15-35 years and 35

⁴ I excluded magazines whose content was not relevant to this study, therefore National Geographic, Top Gear, Sainsbury's, Asda and Waitrose Kitchen magazines were all excluded from this study.

Chapter Two: Methodology and methods

years and older, therefore the magazines were selected according to these age ranges, and verified against the target age group identified by each publication.

Gender

Magazines tend to be gender focussed, and therefore the selection and content of articles will reflect this gender targeting. As most male and female specific magazines are targeted at younger age groups, with very few magazines targeted at older men, I felt that the best approach to capture gender differences was to select one male and one female targeted magazine from the younger age category (15-35 years), and one unisex magazine targeting the older age group (over 35 years). Based on this sampling strategy, the magazines that I used were:

Saga Magazine: Saga Magazine has the highest readership figures of any paid for general monthly magazine in the UK, with a combined online and print monthly readership of approximately 1.283 million (National Readership Survey, 2013b). This magazine has the highest readership of people aged over 35 years of all UK general or lifestyle magazines (National Readership Survey, 2013b). It is a unisex magazine targeted at the over 50s audience (Saga Magazine, 2012).

Men's Health: Men's Health has the highest readership figures for all men's lifestyle magazines in the UK, with a combined online and print monthly readership of approximately 1.017 million (National Readership Survey, 2013b). The target audience for Men's Health magazine are men under 35 years, with the median age of readers standing at 31 years old (Men's Health, 2012)

Cosmopolitan: Cosmopolitan magazine has the highest readership figures for women's monthly lifestyle magazines in the UK, with a combined online and print monthly readership of approximately 1.354 million (National Readership Survey, 2013d). The target audience for Cosmopolitan is women aged 18-35 years, with the median age of readers standing at 28 years (Cosmopolitan, 2014).

Chapter Two: Methodology and methods

2.6.3.2 *Search strategy*

To retrieve the magazine articles I conducted a keyword search using the online search function within each of the magazine's websites. To gain a better understanding of the specificity and number of keywords required in order to gain a manageable sample, I conducted pilot searches using the same keywords (arthritis, osteoarthritis, joint pain and wear and tear) used for the newspaper study. This piloting returned unmanageable quantities of articles from the broader keywords (such as joint pain and arthritis), including large numbers of irrelevant articles. Based both on this pilot study, and the rationale of magazines allowing for an in-depth analysis of few articles, I decided to restrict my magazine sampling to articles that focussed on arthritis specifically, rather than general or passing references to the condition. As such, the only keyword used within my search was 'osteoarthritis'. I used the same timeframe as for my newspaper study (from 1st September 2012 to 31st August 2013⁵) as this both allowed me to view a single snapshot of how arthritis was constructed across the media formats of newspapers and magazines, and provides a different perspective of the representation of the condition.

Inclusion/exclusion

Once all articles were retrieved for each magazine according to the above criteria, they were read to ensure that they were relevant to the study. The following inclusion and exclusion criteria were applied:

Inclusion criteria:

- Including the word 'osteoarthritis'
- Article about the condition of arthritis (rather than charity etc.)

Exclusion criteria:

⁵ Men's Health does not allow searches to be conducted according to date, nor does it provide a date on its articles, therefore all articles returned according to the keyword 'osteoarthritis' were included for this magazine.

Chapter Two: Methodology and methods

- The word 'osteoarthritis' is not present
- Article not about the condition arthritis

2.6.4 Analysis

Three types of analysis were used to analyse the magazine articles, thematic analysis, critical discourse analysis and imagery analysis. I first analysed all articles returned from Men's Health (three) and Saga Magazine (fifteen) using thematic analysis. I then analysed the three Men's Health articles, and a subset of three Saga Magazine articles using critical discourse analysis and imagery analysis (see Appendix Four for copies of the articles analysed). The analytical techniques and selection process for Saga Magazine are detailed below (Section 2.6.4). No relevant articles were returned for Cosmopolitan Magazine, however I conducted a comparative analysis on the health related articles that did appear, details of which can be found below in the section entitled 'Analysing the absence: Cosmopolitan magazine' (Section 2.6.4.5).

2.6.4.1 Thematic analysis

Thematic analysis was applied for three reasons. First, it provided an overview of the salient themes represented in the texts. Second, it allowed me to compare overall representations across magazine publications. Finally, the thematic analysis informed the sub selection of articles within Saga Magazine that were analysed using critical discourse analysis.

I used NVivo to assist analysis by ordering and sorting articles, codes and themes. First, articles were uploaded into NVivo and saved according to magazine type. I then read the articles in each of the magazines and coded them according to keywords, phrases and themes. All of the articles were read and re-coded until no further codes emerged. These codes were then sorted into higher level themes, aiding my analytical and theoretical understanding of the findings.

Chapter Two: Methodology and methods

2.6.4.2 *Critical discourse analysis*

I used critical discourse analysis in order to analyse the articles in more depth, closely examining language, structure and content. As discussed in Chapter Two, critical discourse analysis is a common approach in media analysis, allowing thorough, in depth analysis of the text. Due to the focussed nature of this technique, it is best suited to a small corpus, such as this magazine sample, rather than a large body of text, such as the newspaper sample. The newspaper analysis focussed on narrative and structure, whereas the analysis of the magazine articles paid closer attention to the text, language and use of images – all of which are best analysed using critical discourse analysis.

As this depth of analysis necessitated a small sample size, three articles for each magazine was sufficient. As I had a complete sample size of three articles for Men's Health magazine, no further sampling was required. For Saga Magazine I created this sub sample by reviewing the number of nodes coded and percentage of coding applied to the articles in NVivo during the thematic analysis and selected the three articles with most nodes and highest percentage of coding. This method of selection ensured that the articles in the sub sample were most relevant to the topic, and were broadly representative of the codes generated across the sample. The three articles from Men's Health, and the subsample of three articles from Saga magazine were then analysed using critical discourse analysis as described below.

Critical discourse analysis has many tenets, each with their theoretical backdrop, targets for analysis and methods of analysing, however they all share similarities too such as a focus on language, an interpretative approach and a critical style. The 'critical' element refers to an attempt to expose aspects of power and hegemony that may be obscured within the text through the problematization of often accepted discourses (Fairclough, 2001). There is an array of approaches and applications of critical discourse analysis, however I employed the analytical method in a similar way to Fairclough (1993). This approach draws on a number of influences

Chapter Two: Methodology and methods

including Foucault's (1984) concept of discourse and Halliday's (1978) linguistic theory with a social orientation. Fairclough's (1992) approach has some key elements including the three dimensions of a discursive event which are the text, discursive practice and social practice (Titscher & Jenner, 2000). Each of these are analysed slightly differently, using a different analytical gaze. The textual element has two components, linguistics (including grammar, language and sentence construction) and intertextuality (Kristeva, 1986), which draws on the concept of 'orders of discourse' (Fairclough, 1991; Foucault, 1984) to analyse the form, structure and 'texture' of texts. At the level of discursive practice, text and social practice are linked through Fairclough's (2001) notion of interdiscursivity, which draws on both Kristeva's (1986) concept of intertextuality and Bakhtin's (2010) notion of heteroglossia, to describe the mixing of diverse genres, discourses or styles within a text. This is examined through close attention to text production and interpretation, bridging text and context (Titscher & Jenner, 2000). These interpretations of text and discursive practice are then used to theorise what is happening at the level of social practice, examining how these discourses are establishing, shaping or reinforcing particular structures or institutional practices.

To apply this method of analysis, I first printed the articles out and read each of them closely and made detailed notes. I oscillated between looking at the discursive elements of the text (including linguistics and structure), the interdiscursive elements (including the interpretation of the text and the influence of text production), and the level of social practice, to understand how the discourses in the article influence structures or practice. Throughout the analysis I paid particular attention to the purpose of arthritis within the text, examining its function and place in the article. As this process was iterative, I read each article a number of times, moving between these three analytical gazes (text, discursive practice and social practice).

To analyse the contextual elements of the articles, including elements of production and reception, I considered a number of additional elements alongside my close reading of the texts. I

Chapter Two: Methodology and methods

analysed matters of production by considering the articles collectively, both at the level of the publication and the genre. The level of production was analysed by assessing the articles alongside the Media Kits published by each magazine (Men's Health, 2012; Saga Magazine, 2012). Media Kits are created by magazines to explain and promote their brand to potential advertisers. The Media Kit contains important information about the magazine's own interpretation of their target audience, vision, place in the market and future, and therefore provides a unique perspective for analysis. I then analysed the magazines according to genre by examining what made digital magazine articles distinct from other forms of media, and exploring similarities and differences in style and presentation between the publications. I also examined the situation of the article within the digital magazine through the analysis of the site map. This allowed me to understand the wider context of the article within the magazine, and how it related to other articles within the structure of the magazine.

2.6.4.3 Imagery analysis

The third method of analysis was imagery analysis. Analysing the media imagery is important as images do more than complement the text, they 'frame' it, providing the reader with additional information about what the article says, and how to understand and interpret it. As such, images provide the boundary within which the article can be read by providing an interpretation of sorts that is immediately accessible to the reader.

I analysed the images from the subsample of the six magazine articles. To do so I drew on Barthes' semiology which he described as:

'[A] linguistic approach that... aims to take in any system of signs, whatever their substance and limits; images, gestures, musical sounds, objects, and the complex associations of all of these, which form the content of ritual, convention or public

Chapter Two: Methodology and methods

entertainment: these constitute, if not *languages*, at least systems of signification'

(Barthes, 1967, pg. 9, emphasis in original)

Barthes argued that images are not innocent representations of reality; rather he considered images, like language, to be a system of signifiers (the material thing that signifies), signified (the construct or concept) and signs (the totality of the signifier and the signified that conveys meaning). These elements of meaning can then be encompassed within a wider system of meaning that Barthes (1967, 1972) referred to as the 'myth'. In addition to these complex systems of signification, Barthes (1977) also drew attention to the different levels of meaning that an image has, which he referred to as the 'denotation' and the 'connotation' of the image. Images can therefore be said to hold multiple and layered meanings (Fortner & Fackler, 2014) and Barthes attempted to interpret these layered meanings through his semiotic approach to imagery analysis. I drew on this approach to analyse the images from the magazine articles.

The images analysed were those that accompanied the six articles (already analysed using critical discourse analysis), with three images from Men's Health magazine, and three from Saga Magazine. I analysed the images separately from the text, which enabled me to focus on each component part, before later bringing them together for a broader understanding. Approaching the analysis in this way helped to ensure both the image and text within each article received equal attention, and that I was not overly influenced by the text when analysing the image and vice versa.

I used Barthes' (1977) distinction between denotation, a descriptive level of analysis and connotation, an interpretative level of analysis, to guide my approach. I first analysed the denotation of the image, describing what I saw in the image with little interpretation. This allowed me to view and describe the image in its totality, preventing the description of it being taken for granted, and also enabled me to appreciate what fixed, naturalised meaning the image

Chapter Two: Methodology and methods

was attempting to convey, a feature of images that Barthes referred to as the 'superior myth' (1975; p. 9)

Once I was sure that I had captured all elements of the image, I then moved onto the second level of analysis, connotation. To guide my interpretive analysis I used a series of questions and focal points suggested by Hansen and Machin (2013), based on Barthes' (1977) semiological approach. This framework ensured that I analysed the different aspects of each image, and provided a structure for my analysis (see Appendix Five). In addition to following Hansen and Machin's framework, I also noted my own perceptions of the image and what I felt the image was trying to communicate. I then synthesised these three aspects of analysis (the denotation, connotation, and my own interpretation), looking for areas of overlap, agreement and discordance.

2.6.4.4 Analytical synthesis

After I had analysed the text and the images for each magazine article separately I combined the analyses, allowing me to view them in the context of the article as a whole. I worked between the thematic analysis, critical discourse analysis and imagery analysis, to understand what constructions emerged from the different types of analysis and to establish areas of accord and divergence between them. At this point I was also able to reunite the text, image and context that I had purposefully separated out during the various analytic processes, and view them as a cohesive whole. This enabled insight into how the text, image and context of the article influenced one another, and therefore shaped the readers interpretation of the article.

Breaking down the article and rebuilding it through an analytical lens helped me to understand the function and importance of each aspect of the article independently. Analysing these aspects alongside the wider context of the article, publication and media genre, allowed me to consider not only 'representation' of arthritis and joint pain within the articles, but also matters of 'production'. The insights gained into media production, and the impact that media production

Chapter Two: Methodology and methods

may have on media representation and receptions of arthritis, are further theorised in Chapter Eight.

2.6.4.5 Analysing the absence: Cosmopolitan magazine

No relevant articles were returned for Cosmopolitan magazine by the search strategy described above. However I was intrigued by the paucity of articles, and felt that this absence could be explored by examining the health related articles that did feature in this magazine, potentially revealing what health topics the magazine considered relevant to its readership.

To examine the health related topics that did feature in Cosmopolitan, I searched the 'Health' section on the website and located all health related articles in the same date range as the rest of the study (1st September 2012 to 31st September 2013). As the article content was not relevant to this study, I chose not to read and analyse them fully. Instead I copied the headlines, strapline and accompanying picture for each article into a document, which gave me an overview of the section content. This allowed me examine what articles were published within the 'Health' section of the website during the timeframe of my study.

I used the extracted titles to discern what the article was about, and made a note of a single word or phrase that captured the topic of the article. This process was mostly straightforward, however if there was any ambiguity in the headline and strapline I read the article to ensure that I had captured the topic accurately. I used these words and phrases to make a chart of the topics covered within the magazine. I aimed to create as few descriptions as possible that best described the content of all of the articles, therefore these descriptive words and phrases were changed, expanded and reviewed iteratively. This process created a tally chart of topics or themes and allowed me to capture a glimpse of the types of health articles that Cosmopolitan published.

I analysed this list of themes alongside Cosmopolitan's Media Kit (Cosmopolitan, 2014) and their site map. Using these contextual aids similarly to how I used them for Men's Health and Saga

Chapter Two: Methodology and methods

magazine (described in section 2.6.4.2). This additional contextual analysis aided my understanding of matters of production relating to Cosmopolitan, and how contextual factors, such as their situation in the media market, their perception of their targeted readership demographic, and the structure and layout of their website, may influence the content of the 'Health' section on their website. By reviewing these different aspects, I was able to gain an understanding of what health issues Cosmopolitan deemed applicable and of interest to their readers. Using this understanding, I was able to hypothesise about why arthritis and joint pain did not feature, and demonstrate how matters of media production influenced this process.

2.7 Focus group study

This section describes the methods used to investigate reception of media reports about arthritis. I will provide a rationale for why focus groups were used to capture media reception, before going on to detail the methods used, including sampling, conduct and analysis of the focus group data.

2.7.1 Focus group method

Focus groups are a method used widely in qualitative research that can capture social interaction and how meanings are created in social groups (Barbour, 2008). The collection of data relating to interaction sets focus groups apart from other qualitative methods, such as interviews, and allows for different insights to be gained (Kitzinger, 2013). As the defining feature of a focus group is dynamic group interaction, Bloor et al. (2001) assert that focus groups are a valuable method when the research seeks to study group norms, group meanings and group processes. This method therefore allows access to the often hidden world of sense and meaning making, the process behind how decisions are reached, rather than just the end product (Barbour, 2007). Understanding how groups interact when discussing media messages and in response to media stimulus material is one way of understanding how media messages are received (Kitzinger, 2005,

2013). As conversations around media and health messages occur naturally in everyday life, focus group interactions mimic such conversations, and whilst they are not naturally occurring talk, they approximate it (Barbour, 2008; Kitinger, 2005). Therefore using focus groups in this way can allow insight into not just what individuals think about the media messages, but how they respond to them within a social situation, as is the case within society (Leask, 2016).

In addition to allowing for group interaction, which gave gain insight into the social negotiation of media messages, using focus groups to understand media messages had the additional benefit of allowing access to people who, individually, may not have felt that they could contribute to the research. I sought groups who represented the general public, and were therefore not experts on the topic of arthritis. Due to this lack of expertise, some participants may have felt unable to volunteer for the research had they been contacted on an individual basis (such as for interviews), yet did feel able to contribute in a group situation. Therefore, the use of focus groups enabled me to access participants that I may not have been otherwise able to.

2.7.2 Sampling and recruitment

Sampling was conducted using existing social groups. To ensure diversity between the focus groups, pre-acquainted groups were sampled according to a number of group characteristics that I felt may influence their opinion of arthritis in the media. These characteristics were:

- Age: Arthritis and joint pain are associated with ageing, both as a risk a factor and through public perception. Therefore I felt that community groups representing different age groups would hold different views about the condition, which may have influence how they interpret and discuss media messages about it.
- Gender: Media messages about health are often gendered, both through the content of the message and the target audience. Therefore men and women may hold different opinions about health generally, and arthritis and joint pain specifically. In order to

Chapter Two: Methodology and methods

capture these differences of opinion, as well as the interaction between those with differing opinions, I aimed to convene groups with both genders.

- Exercise level: Exercise can be considered as both a cause and treatment for arthritis. People who participate in high levels of sport may be more at risk of injury which can predispose them to arthritis (Blagojevic et al 2010), yet exercise is also recommended as a core treatment for the condition (NICE, 2014). Therefore the exercise level of the group may influence how they interpret media messages about arthritis.

2.7.2.1 Recruitment

I recruited two pre-acquainted focus groups from community groups in the surrounding area (North Midlands). The groups I sampled were:

- Daytime weight loss community group (seven participants aged between 40-80s, low exercise level, mixed gender)
- University based sports group (six participants aged between 19-25, high exercise level, mixed gender)

2.7.2.2 Topic guide and stimulus material

The focus group topic guide was developed to balance natural conversation between participants, whilst ensuring the research questions were addressed. As such the topic guide (see Appendix Six) was a checklist of the items to be covered in the conversation, but the order of the topics, and the time spent on each, was dictated by the group discussion. Within the topic guide there was time allocated for the introduction of stimulus material. The use of stimulus material within focus groups is recommended as it encourages discussion, provides a focus for the group discussion and helps to break the ice (Barbour, 2007). Kitzinger (1994, 1999, 2000) used media articles as stimulus material and argued that the use of such articles is an effective way to generate discussion, both complementary and argumentative in nature. As the focus group element of this research aimed to investigate media reception, using media articles as stimulus material was

appropriate. Three newspaper articles from the newspaper analysis (see Appendix Seven) were selected as stimulus material using the following rationale.

- 1) Reading burden: Newspaper articles were selected rather than magazine articles as they were shorter, and so reduced the reading burden on participants. Articles were printed in large font with adequate line spacing. Assistance in reading was offered to participants during the study, and participants could opt out of reading the articles if they wished.
- 2) Topic: Three articles representative of two⁶ of main themes from the newspaper study - the experience and multiplicity of arthritis, and disability (see Chapters Four and Five) - were selected to act as potential stimulus material. The first article addressed the condition itself and experiences of those with it. The second discussed the condition in broader terms such as exploring risk factors or in the context of other chronic health conditions. The third represented a particular construction of disability related to arthritis.
- 3) Newspaper genres: Articles from different newspaper genres were included as they represented arthritis in different ways (two from tabloid newspapers and one from a quality/broadsheet newspaper).

The inclusion of the articles and time at which these articles were introduced was not fixed.

Instead I included articles when I felt that a particular topic had been exhausted, when a natural segue emerged, or to generate further discussion. As such, the number of articles used between the two groups varied. The community group only discussed one article, whilst the sports group discussed all three.

⁶ Articles relating to the third main theme of 'ageing' (Chapter Six) were not included as previous research has indicated that arthritis is commonly associated with ageing (Grime et al., 2010) and represented as such when discussed in the media (Seale, 2002). Therefore I wished to examine whether discussion of arthritis in relation to age would naturally occur without the aid of stimulus material.

Chapter Two: Methodology and methods

2.7.2.3 Conducting the focus groups

The focus groups were arranged with the leader for each group. They were held at the usual meeting place for the groups (a community hall for the weight loss group and the University for the sports group). All members were made aware of the research before attending the meeting, and literature relating to the research (including a letter of invitation and information sheet, see Appendix Eight) was sent to the group leader to be passed on to members. Before the focus groups the participants were fully briefed about the research (including their right not to take part and to withdraw at any time), and letters of invitation and information sheets were provided again. Written informed consent was taken from the participants prior to the group discussion. Both focus groups lasted approximately one hour and were digitally audio-recorded. In addition, field notes were taken by myself and a focus group aide (see Section 2.7.2.4 below). Refreshments were provided for both groups – this helped to create an informal atmosphere which was conducive to free-flowing group conversation.

2.7.2.4 Field notes

In addition to the audio recording of the focus group discussion, field notes were generated. Field notes of varying detail can be used in qualitative research in various ways depending on the methodological approach taken (Wolfinger, 2002). I used two forms of field notes, those written by a colleague, and those I wrote myself following each focus group. This section will briefly describe how these two types of field notes were generated and used within the research.

Colleague Field Notes

Two PhD student colleagues assisted me in conducting the focus groups (one each). I briefed each student separately to ensure that the note taking was consistent, both students were familiar with focus group methods, and competent to undertake the task. The role of each student was to take field notes during the focus group which assisted with the transcription and analysis of the data. The research assistants captured extraneous details such as body language, interruptions

Chapter Two: Methodology and methods

and non-verbal communication. They also produced a diagram of the room layout and seating arrangement. This enabled me to orientate myself to the room layout and identify the participants' voices when transcribing the audio recording.

Personal Field Notes

I wrote personal field notes after each focus group had finished. These enabled me to record my reflections which were used alongside the transcription during analysis. There are various methods of recording field notes, with differing levels of detail and comprehensiveness required depending on the approach taken. As I was not undertaking an ethnographic study my field notes were not the object for analysis themselves, rather I used them to assist my analysis of the transcribed data. I took the approach that Wolfinger (2002) called 'the salience hierarchy'. This process required me to make notes of aspects of the situation that were of interest or out of the ordinary. In addition to my general reflections, I also made a note of aspects of the focus groups that went well or could have been improved on, and contextual details (such as group dynamic, the role of the group leader and any group hierarchy). Whilst this process is selective, rather than comprehensive, the benefit is that I was able to concentrate my note writing on aspects that may be important points for reflection. I captured these reflections as soon after each discussion as I was able to ensure that they were fresh in my mind.

2.7.3 Analysis

Different approaches are available for the analysis of focus group data, depending on the purpose of the focus group and the requirements of the research (Barbour, 2008). The type of analysis employed influences the detail of the transcription from the audio recording required; with some methods of analysis requiring a very detailed transcription, whilst others need less detail. I chose to analyse the focus groups on two different levels, firstly by conducting a thematic analysis to understand the main themes that emerged and secondly by conducting discourse analysis on excerpts of the text that I felt were particularly interesting, complex or surprising. I transcribed

Chapter Two: Methodology and methods

the audio recording in line with this analytic approach, creating a detailed transcription which included pauses, emphasis and non-verbal sounds, which enabled the discourse to be analysed. Combining these two analytical techniques allowed me to understand the general content of the focus groups, whilst still accessing important aspects of the conversation such as how the groups managed conflict, negotiated meaning and discussed various perspectives.

2.7.3.1 Thematic analysis

Following transcription, I analysed both focus groups using thematic analysis, with inductive and deductive coding (Fereday & Muir-Cochrane, 2006). I read through the transcription of each focus group, whilst also listening to the audio recording, and coded each section of the text. I applied this coding process to both focus group transcripts, constantly testing and re-evaluating the codes to ensure that they fit for all of the data, paying particular attention to anomalies or outliers. The codes were then established into themes which helped me to understand the opinions and perspectives raised during the focus groups, as well as allowing comparison of themes across the focus groups and media study. I analysed the salient themes addressed within the focus groups overall, as well as gaining insight into the potential differences between focus group discussion which may have been due to the composition of the individual focus groups. Such inter-group comparisons allowed analysis of how certain groups' characteristics may have influenced the direction of the discussion and provided insights into what representations of arthritis in the media may mean to such groups.

2.7.3.2 Discourse analysis

In addition to the inter-group analysis, I analysed intra-group discussion, allowing me to understand how meaning was built within particular discussions. In order to achieve this I identified excerpts of the text that required more analysis, often where there was an interesting discussion involving either conflict or consensus. These excerpts were then transcribed using a more in depth transcription. Discourse analysis requires close attention to the interaction

Chapter Two: Methodology and methods

between participants, paying heed to voice, inflection, pauses, non-verbal noises and body language (from the field notes). This detailed analysis can give insight into how the discussion evolved, and allows the examination of consensus or disagreement on topics and how opinions were argued or stated (Crossley, 2002). As such I was able to identify how the conversation enabled or disabled particular opinions, and how the conversation was built. Analysing the interaction enables a better understanding of how media messages are received as such conversations mimic the natural discussion and negotiation of media messages that occurs within society.

2.8 Summary of methods

This study has used mixed methods of data collection and different analytical techniques. The methods are summarized in the flowchart in Figure 2.1, and the rationale in Table 2.4 below.

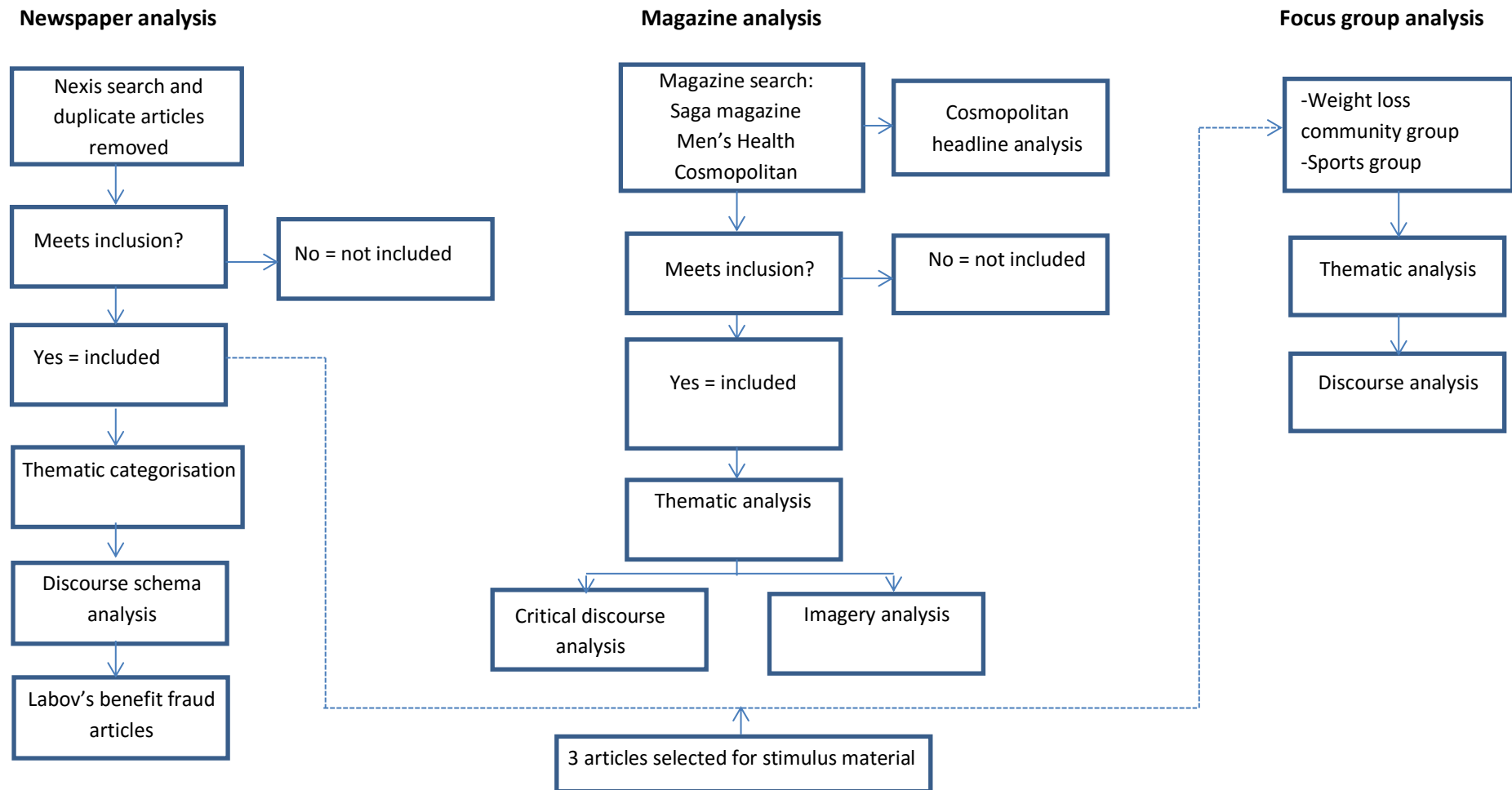


Figure 2.1 Overview of data collection and analysis

Table 2.4 Rationale for data collection methods and analytic techniques

Data collection	Rationale	Analytic technique	Rationale
Print newspaper analysis	-Influential form of media -Easily accessible and searchable -Enables a large corpus of text to be built -Data collection and analytic techniques well established	Thematic categorisation	-Allows articles to be coded and sorted without decontextualisation -Provides an overview of the content of the articles through themes -The matrix provides the structure for further analysis
		Discourse schema analysis	-Provides a more in-depth analysis than thematic categorisation -Method of analysis designed for print media, therefore able to cope with the large corpus -Allows both narrative structure and discourse to be analysed -Enables links to be made between text and the wider constructions of the topic in society
Digital magazine analysis	-Provides an online alternative for print media -Magazines are more targeted than newspapers – allows detailed comparisons between representations of arthritis according to gender and age	Thematic analysis	-Enables an overview of the content of magazine articles -Provides the basis for selection of subsample of articles for critical discourse analysis
		Critical discourse analysis	-Analytic method suited to a small corpus of text -Enables in depth analysis of discourse in articles, with a focus on language -Facilitates the identification of both latent and manifest discourses -Allows wider influencing factors of the articles (such as placement in magazine) and media production (such as target audience) to be considered alongside the text which provided insight into what shapes articles and how
		Imagery analysis	-Images frame text, therefore analysis of them enables insight into another layer of meaning in the article -Allows awareness of denotation and connotation (what is clearly in the image, and the meaning and underlying messages that such content conveys)
Focus groups	-Allows media reception to be studied -Enabled people with little experience of arthritis to provide their perspective -Mimics naturally occurring ‘group talk’, particularly as groups were pre-acquainted, allowing insight into social negotiation of arthritis constructions	Thematic analysis	-Enables an overview of the content of the focus groups and salient themes -Allows for inter-group analysis: comparison between the two focus groups
		Discourse analysis	-Enables an in-depth analysis of the discussion, with a focus on language -Allows for intra-group analysis: examination of the conversation within the group which provides insight into how topics are raised and discussed and areas of agreement and divergence

Chapter Two: Methodology and methods

The alignment between the research questions (first detailed in Chapter One, section 1.6), the media domains (detailed in above in section 2.3), and the methods, are described in Table 2.5 below.

Table 2.5 Overview of research questions, media domains and methods

Research Question	Media Domain	Data Collection	Analysis
What representations of arthritis exist within British media?	Media representation	Newspapers and digital magazines	Thematic/ thematic categorisation, discourse schema, imagery and discourse analysis
What factors influence representations of arthritis in British media?	Media representation Media production	Newspapers and digital magazines	Thematic/ thematic categorisation, discourse schema, imagery and discourse analysis
How are media representations of arthritis discussed and reflected on by social groups?	Media reception	Focus groups	Thematic and discourse analysis
What impact do media representations of arthritis have on the construction, perception and experience of the condition?	Media representation Media reception	Newspapers, digital magazines and focus groups	Thematic/ thematic categorisation, discourse schema, imagery and discourse analysis

2.9 Conclusion

Within this chapter I have set out the broad methodology for the thesis, providing a rationale for adopting a qualitative approach that aligns with the theoretical underpinning of social constructionism. I have detailed the methods and analytical techniques employed within this media study which focused on media representation, looking at newspaper and magazine analysis in turn, as well as the methods and analytical techniques for the focus group study examining media reception. The next five chapters will present media findings. First, Chapter Three is a descriptive chapter, split in to two parts. In the first part a brief overview of the results from the media study is provided, before a descriptive profile of how arthritis is represented in newspapers is given. The descriptive profile underpins the findings in Chapters Four to Six which each explore one main theme from the newspaper findings. The magazine findings are then presented in Chapter Seven.

Chapter Three

A descriptive profile of arthritis in the media

3.1. Introduction

This chapter (the first of five findings chapters relating to the media study) presents the descriptive findings from the newspaper and magazine analysis. The chapter is in two parts. Part One is short and presents the results of the searches for the media study as a whole. The second part presents descriptive findings from the newspaper study in more detail.

3.2 Part One - Overview of media study findings

The results from the data collection described in Chapter Two can be seen in Figure 3.1 below. This figure contains details of the number of articles yielded from the newspaper and magazine study.

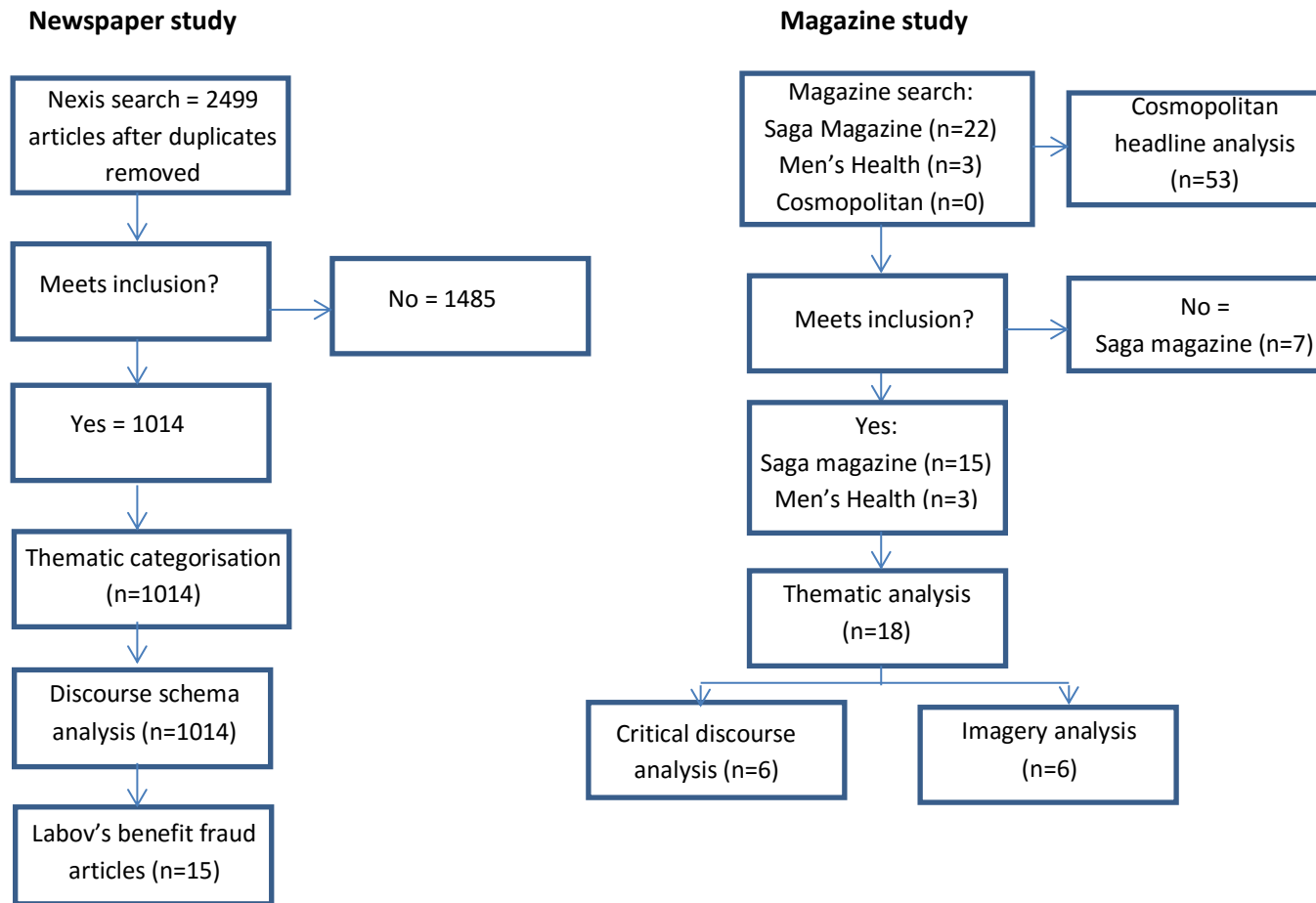


Figure 3.1 Overview of results from data collection and analysis for the media study

As Figure 3.1 demonstrates, 2499 newspaper articles were returned from the search once duplicate articles were removed (details of the number of duplicate articles removed per month can be found in Appendix Nine). Following this, 1485 newspaper articles were excluded as they did not meet the inclusion criteria. Details of the articles excluded per month can be found in Appendix Ten. The remaining articles (n=1014) were all analysed using thematic categorisation and discourse schema analysis. A small subsample of articles (n=15) relating to benefit fraud were analysed using Labov's six elements of a story.

In total 25 articles were returned from the magazine search (22 from Saga Magazine and 3 from Men's Health), no articles were returned from the Cosmopolitan magazine search. Seven articles from Saga Magazine did not meet the inclusion criteria, which left 15 articles to analyse from Saga Magazine and three from Men's Health. These articles were analysed using thematic analysis, before a subsample of three articles from Saga Magazine was selected (as described in Chapter Two, Section 2.6.4.2) for critical discourse analysis and imagery analysis, alongside the three articles from Men's Health.

Although no articles were returned from Cosmopolitan magazine, the headlines and accompanying images from the health section of the magazine during the timespan under analysis were retrieved and analysed. In total 53 health related articles appeared in the magazine, and these were all analysed as described in Chapter Two (Section 2.6.4.5).

The results from the magazine analysis are described in more depth in Chapter Seven. The next section of this chapter provides a descriptive profile of arthritis from the newspaper study.

3.3 Part Two - Newspaper study

The newspaper findings in this chapter address research question one ('what representations of arthritis exist within British media?') and underpin the three following chapters. The method of searching for articles using the Nexis database (from the eleven highest circulating newspapers in Britain) was outlined in Chapter Two. In this chapter I report the content of the retrieved articles.

Chapter Three: A descriptive profile of arthritis in the news

I describe the key words, terms and language that were frequently used to describe arthritis, the monthly and seasonal variation of articles and the differences between publications (by newspaper genre and political leaning) in the quantity and content of articles. This provides the context for the more detailed analysis of the content of newspaper articles in Chapters Four, Five and Six.

3.3.1 The sample

The sampling strategy returned 2499 articles, once all duplicate articles had been removed (see Appendix Nine). The articles were then assessed according to the inclusion and exclusion criteria (Chapter Two, Section 2.6.1.5) leaving a total of 1014 articles in the sample (see Appendix Ten)

A high number of articles were excluded from the final sample once the inclusion and exclusion criteria were applied, with only 41% of articles returned (after all duplicates had been removed) in the final sample. The high number of articles excluded indicates that the keywords used were broad enough to capture a wide range of discussion around arthritis and the search strategy that was likely to capture most, if not all, articles relevant to the study.

3.3.1.1 Themes

All of the articles in the sample were subject to analysis as described in Chapter Two. From the thematic categorisation analysis fourteen main themes emerged, each containing subthemes. An overview of these categorical themes and subthemes can be seen below in Table 3.1

Table 3.1 Overview of newspaper thematic categorisation analysis

Theme	Subthemes
Benefits	<ul style="list-style-type: none"> • Benefit/welfare • Benefit fraud • Benefit assessment <ul style="list-style-type: none"> ○ Captain Crunch
Caused/affected by:	<ul style="list-style-type: none"> • Work- caused by or worsening • Gender • Weather • Social class • Pregnancy • Overuse • No exercise/sedentary • Increased weight/obesity • Genetic • Fashion/clothing <ul style="list-style-type: none"> ○ footwear • Environment • Early onset • Diet • Complications of treatment • Caused by self • Caused by other illness • Caused by an accident/injury • Age related
Disability – general	<ul style="list-style-type: none"> • Disability • Paralympics
Medical	<ul style="list-style-type: none"> • Side effects of treatment • Consulting <ul style="list-style-type: none"> ○ Not consulting • Misdiagnosis • Medical opinion • Medical complaint • Diagnosis
Outlook	<ul style="list-style-type: none"> • Non severe • No cure • Degenerative • Death
Other	<ul style="list-style-type: none"> • OA historical • Social support

Theme	Subthemes
Personality or character description	<ul style="list-style-type: none"> • Vulnerability • Stoicism/brave • Overcoming • Moan, grumble, complain • Courageous • Coping • Challenging norm
Public health/NHS	<ul style="list-style-type: none"> • NHS treatment provision • NHS opinion/spokesperson • medication rationing • Public/NHS concern • Insurance • Immigration • Cost • Common, scale of disease
Research and future treatment	<ul style="list-style-type: none"> • Future treatment • Breakthrough
Preventing/reducing	<ul style="list-style-type: none"> • Weight reduction • Surgery • Sex • Self-management • Products and devices • Pacing • Mind/psychology • Medication <ul style="list-style-type: none"> ○ Side effects of medication • Medically treated • Joint replacement • Joint injections • Expert patient • Exercise • Conflicting opinions about treatment • Complementary, alternative <ul style="list-style-type: none"> ○ Yoga ○ Therapy ○ Supplement ○ Other ○ Diet ○ Chinese medicine • Caution • Cannabis
Signs and symptoms	<ul style="list-style-type: none"> • Signs of OA <ul style="list-style-type: none"> ○ short index finger ○ joint clicking • Symptoms of OA <ul style="list-style-type: none"> ○ Pain ○ Reduced mobility

Theme	Subthemes
Associated problems	<ul style="list-style-type: none">• Sleep• Sex• Restriction/reduced mobility• Relationship problems• Reducing, giving up or preventing work• Mental health• Lonely, isolation
Youth/anti-ageing	<ul style="list-style-type: none">• Anti-ageing• Beauty/ attractiveness
Comparison to other conditions	<ul style="list-style-type: none">• Less severe• Conditions OA is grouped with• Condition mistaken for OA

3.3.2 Language and word frequency

The language used in the articles reflects the dominant discourses about arthritis. Analysis of this language provides an understanding of how these discourses are communicated. This section will first describe the frequency of descriptive terms used for the condition, before examining language usage in context.

3.3.2.1 Word frequency

I used four keywords in my search strategy - arthritis, osteoarthritis, joint pain, and wear and tear. Each keyword was selected as a possible description of 'arthritis' that may be used in different articles and contexts, and rationale for their use was reported in Chapter Two, Section 2.6.1.4.

'Arthritis' was the most frequently used word to describe the condition, with 1493 references in total (including multiple references in some articles). This is in comparison to 'osteoarthritis', with 382 references, and 'joint' based descriptions⁷ (such as joint pain) with 479 references of 'joint'. 'Wear and tear', a term that has been shown to be commonly used in relation to this particular

⁷ The term 'joint', rather than the keyword 'joint pain' was used to explore word frequency as articles did not always refer to 'joint pain' exactly. Instead variations on this term are often used, such as 'painful joints', 'sore joints' or 'joint stiffness'. The only way to capture this diversity was to use the term 'joint', rather than 'joint pain'.

form of arthritis (Ali et al., 2012; S. Hill et al., 2011; Porcheret et al., 2011; Turner et al., 2007), was only 91 times. These differences can be seen in Figure 3.2.

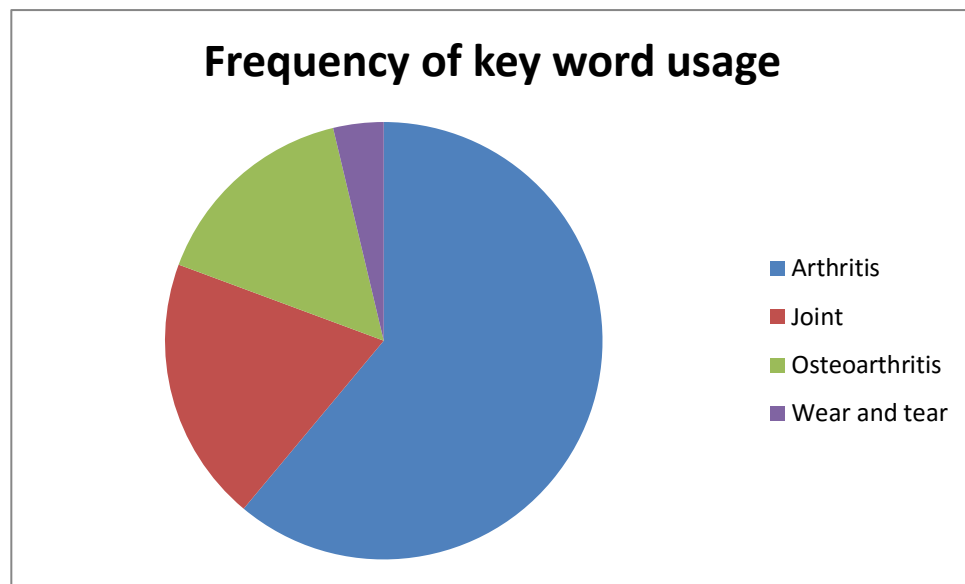


Figure 3.2 Frequency of key word usage in 1014 articles

Word frequency queries in NVivo helped to ascertain obvious differences in language used to describe arthritis between publications. Word frequency queries detail the 1000 most common words used in the articles for each newspaper. Few differences emerged in the frequency that these four terms were used across all publications. Arthritis appeared in the top 10 results for every newspaper apart from the Daily Record and the Guardian, where it ranked 18th and 19th respectively. As such, 'arthritis' was the most commonly used term to refer to the condition in this study across all publications, regardless of genre or political stance.

3.3.2.2 Language

Whilst the term 'wear and tear' was the most infrequently cited term in the articles, the term has been commonly cited in research relating to arthritis (Turner et al., 2007). Widespread usage of the term is thought to be influential in the public's understanding of the condition (including the sustenance of negative perceptions of arthritis), potentially creating a barrier to effective treatment and management for patients (Busby, Williams, & Rogers, 1997; Grime et al., 2010;

Jinks et al., 2010). As such, there have been some calls for ‘wear and tear’ explanations of arthritis to be replaced with language that is thought to better represent the biological processes of repair involved in the condition, in the hope that this may address any negative connotations (Walsh, 2004). Reference to the ongoing conflict surrounding the term can be seen in the following excerpt whereby one reader wrote to the Editor of The Times to request that they now used the language of ‘wear and repair’, as opposed to ‘wear and tear’ to reflect such current opinion:

“Sir... The term "wear-and-tear arthritis" should now be dropped and replaced by the more optimistic, and realistic, term "wear and repair". This gives patients reason to continue with conservative treatment for as long as possible before opting for the sometimes uncertain surgical option.”

(The Times, January 17th 2013)

However, despite such references to the debate surrounding the term ‘wear and tear’, in this study the term was still rarely used, with only 91 uses across the sample (9%). This finding indicates that the term may not be used as commonly in media representation of arthritis as it may be in other contexts, such as in patient narratives or during consultations. Yet the low usage of ‘wear and tear’ in the sample does not necessarily indicate that the underlying meaning behind the term, such as the understanding of arthritis being caused by overuse, was not found within the articles. References to the underlying meaning of ‘wear and tear’ were found, however different language was used to express such understandings. Terms such as ‘mechanical loading’ or ‘overuse’ were used to convey the same meaning.

3.3.3 Monthly and seasonal variation

The overall number of articles in the sample varied per month, demonstrating seasonal and monthly fluctuations in coverage. Additionally, when analysed by theme, the number of articles published demonstrate different patterns of monthly variation. Both the overall and thematic variations are detailed and discussed below.

3.3.1.1 Profile of articles published by month

The number of articles returned for each month varied. The variation demonstrates a seasonal pattern, with fewer articles published in autumn and winter, and more in spring and summer (see Figure 3.3.).

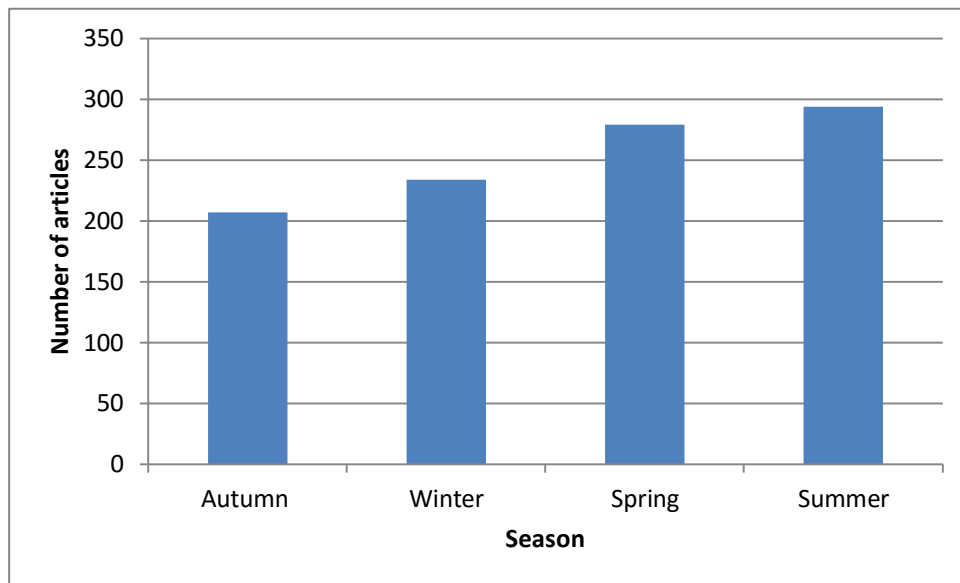


Figure 3.3 Number of articles about arthritis published according to season across eleven national newspapers (1st September 2012-31st August 2013)

This upwards trend, with more articles published in the spring and summer months, can also be seen when the number of articles published is analysed month by month (see Figure 3.4).

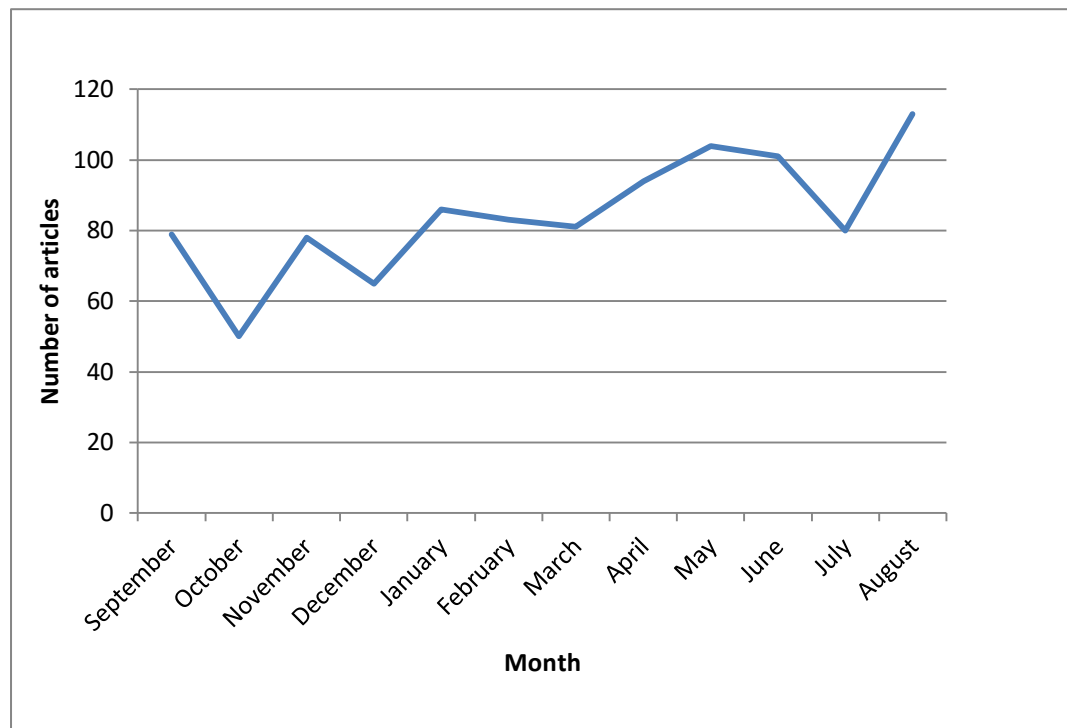


Figure 3.4 Number of articles about arthritis published according to month across eleven national newspapers (1st September 2012-31st August 2013)

Despite an overall similarity between Figures 3.3 (seasonal trend) and 3.4 (monthly trend), some discrepancies are evident in this pattern. Whilst autumn and winter generally yielded few articles, there is a peak in January with 86 articles collected, compared to an average of 73.5 over autumn and winter. A similar discrepancy can be seen in July as 80 articles were collected, compared to an average of 95.5 over the spring and summer. This variation in number of articles published (both the general upward trend in summer seen in Figure 3.3, and the discrepancies seen in Figure 3.4) may be explained by factors such as seasonal publication practices in news media. The seasonal increase that can be seen in health related reporting in summer months, relating to articles that discuss diet and fitness, may contribute to the overall rise in the number of articles about arthritis published in these months (Jordan, 2007). This same explanation may also apply to the peak in article numbers seen in January in Figure 3.4, due to the rise in health and fitness media reporting

following New Year's Eve due to the popular practice of health related New Year resolutions (Teodoro & Naaman, 2013)

3.3.4 Publication differences

Differences between publications emerged, including differences in the number of articles published and the themes represented. These differences will be explored in the section below according to newspaper genre (tabloid, middle market and quality/broadsheet) and political leaning (right, or left). See Chapter Two, Tables 2.1 and 2.2 for a breakdown of newspaper titles according to genre or political leaning.

3.3.4.1 Article number by publication

The number of articles published by each individual newspaper varied considerably. The fewest articles were published by the *i* newspaper (11 articles), whereas the most were published by the Daily Mail (198 articles). The discrepancy between publications is illustrated in Figure 3.5.

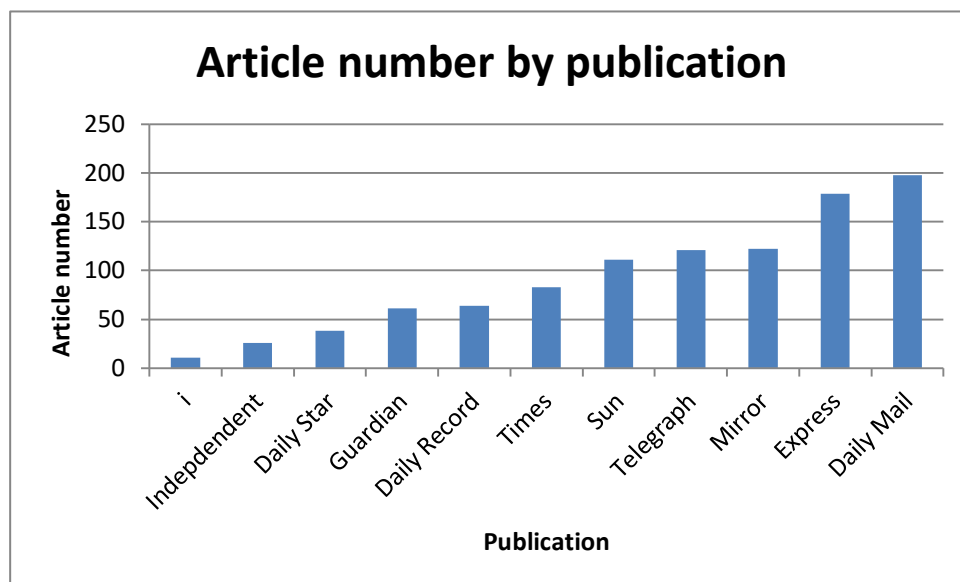


Figure 3.5 Number of articles published (1st September 2012-31st August 2013) according to title of publication.

Chapter Three: A descriptive profile of arthritis in the news

The two middle market newspapers in the sample, the Daily Mail and the Daily Express, published the most articles, with articles from these two newspapers alone comprising 37.2% of the total sample. This is in comparison to the i and Independent, both quality newspapers, which published the fewest, with their combined articles comprising 3.6% of the total sample. Therefore, although the whole sample of newspapers aimed to be representative of the breadth of the national British press, the articles included in the sample are most likely to represent middle market newspaper reporting. The distribution of quality and tabloid newspapers in the middle of the distribution graph is mixed with no strong pattern.

The newspapers with the highest number of articles in the sample are all politically right leaning (with the exception of The Daily Mirror⁸) whereas there are fewer articles from the politically left leaning newspapers, such as the i, Independent and Guardian. Part of this difference is due to the fact that there were more politically right leaning newspapers in the sample (seven), compared to left leaning newspapers (four). However even when the number of articles are averaged (according to both political left and political right), there is still a sizeable difference. The average number of articles published from the perspective of the political right was 113, compared to the political left which was 55. Consequently, articles from politically right leaning newspapers comprise 78.3% of the total sample.

3.3.4.2 Themes by publication

The themes from the thematic categorisation were compared overall (including all newspapers), by month, according to the political leaning (right or left) and genre of the newspaper (tabloid, middle market or quality/broadsheet). The most common (according to number of articles) subthemes to emerge from the data were:

⁸ The Daily Mirror supports the Labour party in general elections, and is therefore generally categorised as a politically left leaning newspaper, however some political views expressed in this newspaper are more in keeping with the political right, including perspectives on immigration.

Chapter Three: A descriptive profile of arthritis in the news

- 'Age' (under the main theme 'causing/affecting OA')
- 'Complementary/alternative therapy' (under the main theme 'preventing/reducing OA')
- 'Causing restriction/reduced mobility' (under the main theme 'problems associated with OA')
- 'Medication' (under the main theme 'preventing/reducing OA')
- 'Disability' (under the main theme 'disability – general')
- 'Public/NHS concern' (under the main theme 'public health/NHS')

The most common theme across all newspapers is that of 'age' which was represented as a cause of arthritis. This theme features prominently regardless of how the newspapers are split (according to genre or political leaning). This finding indicates that the perception of arthritis as age-related is ubiquitous throughout newspaper representations of the condition.

When these themes were split according to newspaper genre, some differences between the genres were found. Table 3.2 below illustrates the distribution of the most common subthemes according to broadsheet, middle market and tabloid newspapers.

Table 3.2 Common subthemes according to newspaper genre (quality/broadsheet, middle market and tabloid)

Tabloid	Middle market	Quality/broadsheet
'Age' (main theme - 'causing/affecting OA')	'Age' (main theme - 'causing/affecting OA')	'Age' (main theme - 'causing/affecting OA')
'Disability' (main theme - 'disability – general')	'Complementary/alternative therapy' (main theme - 'preventing/reducing OA')	'Disability' (main theme - 'disability – general')
'Medication' (main theme - 'preventing/reducing OA')	'Medication' (main theme - 'preventing/reducing OA')	'Public/NHS concern' (main theme - 'public health/NHS')
	'Causing restriction/reduced mobility' (main theme - 'problems associated with OA')	'Causing restriction/reduced mobility' (main theme - 'problems associated with OA')

Table 3.2 demonstrates that there is some overlap in the main themes featured in each of the newspaper genres, with the theme of 'age' present in each. 'Complementary/alternative therapy', appears as a main sub-theme in the middle market newspapers only, suggesting this genre of newspapers represents arthritis as a condition to be managed individually. 'Public/NHS concern', appears as a main sub-theme in the quality/broadsheet newspapers only, indicating that this genre of newspaper constructs arthritis as not an individual concern, but instead as a societal one.

The themes were also split according to the political leaning of the newspaper. The most common themes were then collated for the newspapers according to whether they were politically right or left leaning. Across the political spectrum, age and disability are both common themes; however there are also some notable differences between the two political factions in how these topics are represented, see Table 3.3.

Table 3.3 Common subthemes sorted according to political stance (right or left leaning) of newspaper

Politically left leaning	Politically right leaning
Benefit and welfare (main theme- 'benefits')	Medically treated (main theme – 'medical')
Public/NHS concern (main theme – 'public health/NHS')	Causing restriction/reduced mobility (main theme -'problems associated with OA')
NHS response (main theme – 'public health/NHS')	Benefit assessment/work capability assessment (main theme- 'benefits')
Work reduction/giving up (main theme - 'problems associated with OA')	Overuse (main theme – 'caused/affected by')

The themes found in the politically left leaning newspapers represent arthritis as a public or societal problem, with a greater focus on the impact of the condition on society. This is particularly evident in two of the themes - 'Public/NHS concern' and 'NHS response' - which both refer to the healthcare system as a whole, and construct arthritis as a societal, rather than individual, concern. This is in contrast to the most common themes found in the politically right leaning newspapers, which relate to the individual experience and nature of arthritis. Three of the themes relate to the cause and treatment of the condition for individuals, whilst the fourth relates to benefit assessments – a process which individuals have to go through in order to claim welfare. As such, politically right and left leaning newspapers appear to construct arthritis differently, with the focus being either social (the political left) or individual (the political right).

3.4 Discussion

The findings above describe the language used in British print newspapers, including the variation in the number of articles and the differences between the publications according to genre and political leaning. In this section I will discuss these findings, link them to the wider literature and

provide possible explanations for the language and patterns of distribution found in the sample.

First the language to describe arthritis is examined, followed by a discussion of the distribution of articles and publication differences by genre and political leaning.

Understanding the word frequency of common terms for arthritis describes the language that is predominantly used within media to discuss the condition. The term 'arthritis' rather than 'osteoarthritis', 'joint pain' or 'wear and tear', was the most commonly used term throughout the sample. This is true across all publications, regardless of genre or political leaning. The popularity of the term 'arthritis' reflects the findings of other studies which have demonstrated that it is a frequently used, well accepted term to describe the condition (Barker et al., 2014). Although the term 'wear and tear' is not used as frequently, the controversy around the use of the term did appear (as discussed in Section 3.3.2). However 'wear and tear' is more than simply a descriptive of arthritis. The term is thought to be used to describe the type of arthritis a person suffers from, as well as giving an explanation of cause (Barker et al., 2014; Turner et al., 2007). It is commonly associated with understandings of arthritis that point to increased mechanical load as the main causes of the condition (Grime et al., 2010). Therefore, although the exact term is not frequently cited within the articles, the meaning behind the term (a description of causal mechanism for arthritis) is found. Discussion around 'wear and tear' as a causative mechanism, rather than simply a descriptive of arthritis, can be found in Chapter Four, Section 4.2.

Seasonal variation for media coverage about some health related topics can be anticipated and expected, such as increased media reporting in the winter for influenza due to increased rates of illness (Hilton & Hunt, 2011). However for chronic illnesses, such as arthritis, there are fewer illness based reasons for monthly and seasonal fluctuations as they are present all year round. However seasonal patterning in the representation of arthritis was found, (illustrated in Figures 3.3 and 3.4), and this may be explained by two factors: weather-related patterning of symptoms of arthritis, and the increase in general health reporting in New Year and the summer.

Chapter Three: A descriptive profile of arthritis in the news

The apparent link between arthritis symptoms and weather, with cold weather, dampness and increased air pressures associated with increased pain and reduced mobility has been reported by patients in numerous studies (Gignac et al., 2006; J. Hill & Bird, 2007; Turner et al., 2007; Victor, Ross, & Axford, 2004), and therefore may partly explain the distribution pattern found. As I had coded 'weather' as a theme in the study, I was able to compare the distribution pattern of this theme with the overall pattern to investigate whether the increased number of articles published in January was caused by articles discussing the effect of weather on joints. From this review process I established that whilst the highest numbers of articles discussing the weather are published in January, articles on this topic are published in most months, and the difference between the numbers published in January in comparison to the other months is small. Additionally, when this theme is considered according to the season, the highest numbers of articles are actually published in summer, although again this difference is small. Therefore, although arthritis symptoms may be linked to seasonality in the articles, this does not appear to explain either the seasonal fluctuation in reporting, or the peak in reporting in January (compared to the seasonal average). Rather the small amount of seasonal fluctuation found in this theme seems to mirror the wider pattern of seasonal variation, rather than explain it.

Seasonal variance in health reporting in the media, including increases in the reporting of health and fitness related articles in January and the summer has been found in previous research (Jordan, 2007; Teodoro & Naaman, 2013). Health and fitness reporting was seen to increase during these periods due to New Year's resolutions and increased focus on health, fitness and bodily aesthetics prior to summer holidays. Whilst media reporting in this study may be less likely to focus on body image and aesthetic, the same driving factors of an increased interest in health, fitness and exercise may drive the increase in reporting on arthritis due to arthritis being seen both as a potential barrier to exercise (Hendry et al., 2006; Holden, Nicholls, Young, Hay, & Foster, 2012; Hurley, Walsh, Bhavnani, Britten, & Stevenson, 2010) and exercise as a management technique for the condition (Ali et al., 2012; NICE, 2014; Porcheret et al., 2011).

Chapter Three: A descriptive profile of arthritis in the news

In order to assess whether the increase in the number of articles that discuss health and fitness at particular times of the year may influence or help to explain the seasonal variance found, I examined the distribution of the number of articles published containing the words 'fit' and 'fat' (with all additional variations of these words such as 'fitter' and 'fatter'). The pattern of distribution found showed an increase in media reporting in January and over the summer months. However this analysis did not help to explain the additional peak in August or the dip in July, both of which are found in the pattern for the overall monthly variance (Figure 3.4). Therefore, whilst such health, fitness and weight loss focussed articles can be said to follow a seasonal publishing pattern, and may exert some influence over the peaks in article numbers found in January and June, they do not explain the entirety of the seasonal difference.

The different constructions of arthritis found (either as an individual illness or as a social concern) may be explained by media production factors. According to (Seale et al., 2007) tabloid and middle market newspapers are driven by commercial rather than public interest agendas, and as such publish articles which are likely to attract the highest readership. Therefore they are most likely to report on human interest and personal experience stories (as well as sport, entertainment and scandal). The focus of such newspapers on personal and human interest stories may partly explain the representation of arthritis as an individual concern. Such stories are likely to represent the personal experience of an individual, and therefore not discuss arthritis as a wider problem. Furthermore, as the topic of health is often considered by newspapers to be a female interest, newspapers that target female readers (either through the newspaper as a whole such as the Daily Mail, or through specific sections such as in the Daily Mirror) are likely to include sections on health (Johansson, 2007). Such 'female-focussed' health articles commonly use personal experience stories that readers can relate to (Seale et al., 2007). As such the inclusion of female focussed health articles may explain some of the individual and personal focus found in the representation of arthritis.

Quality/broadsheet newspapers construct arthritis as a public and NHS concern, not as an individual one. This focus may also be explained by factors of media production as this genre of newspaper attempt to present 'hard news' stories, rather than the human interest stories that feature in tabloid or middle market newspapers. Despite accusations aimed at this section of the press of the 'tabloidization' of quality/broadsheet newspapers, the focus on 'serious news' is still evident (Collins et al., 2006). As such, topics such as health are less likely to be discussed from a human interest angle, such as through personal stories, and more likely to focus on the social, political or economic consequences of health stories (Johansson, 2007). Therefore, stories about arthritis that feature in quality/broadsheet newspapers are more likely to discuss the social impact of the condition, rather than the personal experience, as found in this study.

3.5 Conclusion

This chapter first presented the overall findings relating to the media study, including the numbers of articles returned for both the newspaper and magazine sample. The magazine sample will be discussed in Chapter Seven. This conclusion will focus on Part Two of this chapter – the descriptive profile of arthritis in the news.

This Chapter shows that arthritis is represented in newspapers by describing the number of articles published during a one year period according to month and type of publication. I have demonstrated that arthritis was the most frequently used term, whilst wear and tear was the least. This finding is in contrast to previous research that has found the term 'wear and tear' to be a common descriptive for the condition (Barker et al., 2014; Turner et al., 2007). The term 'wear and tear' has been previously identified as a potential barrier for self-management, and efforts have been made to replace this terminology with phrases that more accurately reflect the disease process, such as 'wear, tear and repair'. However this chapter has demonstrated that the same meaning of 'wear and tear' can be expressed using different language, such as through references to 'mechanical loading'. Therefore efforts to replace this term with another is not likely to impact

Chapter Three: A descriptive profile of arthritis in the news

on arthritis behaviour as it does not address underlying understandings of the cause and progression of arthritis that terms such as 'wear and tear' and 'mechanical loading' represent.

This chapter has also shown that arthritis coverage is not static, but subject to seasonal and monthly variation. Such variation can be partly explained by media production factors, including the use of 'hard' or 'soft' news in different publications. Additionally, differences in reporting according to newspaper genre and political leaning, such as the construction of arthritis, as either an individual or societal issue, were found. These findings suggest that representations of arthritis in the media are not neutral reflections of 'reality'. Instead, the inclusion, exclusion and constructions of arthritis offered in media articles are subject to external factors such as media production values.

The next three chapters are theoretical chapters that build on the description of arthritis presented here. Chapter Four will discuss arthritis according to three conceptualisations, as a disease, condition or ailment. The potential influences of constructions of disability and ageing on these conceptualisations will be discussed in Chapters Five and Six respectively.

.

Chapter Four

The multiplicity of arthritis: Disease, condition or ailment?

When osteoarthritis occurs in the knee joints the cartilage cushions that protect the ends of the bones become worn away and the surrounding tissues also become inflamed. ... That means that once the cartilage is badly worn the usual treatment is to replace the joint.

(Daily Express, April 9th 2013)

Over the last 20 years, these conditions have increased in burden and will continue to do so, particularly due to our ageing population... [O]steoarthritis... and other musculoskeletal conditions are all listed as major causes of disability in the UK.... Musculoskeletal health also accounts for a substantial cost to the health service.

(The Guardian, March 7th 2013)

Such is its prevalence, particularly among the elderly, that you'd be forgiven for thinking arthritis is something that creeps up on you ... There are many options that may lower the physical and emotional toll of arthritis although it's a matter of trial and error... Some approaches thought to offer relief include the Alexander technique, acupuncture, aromatherapy, wearing a copper bracelet and homeopathy.

(Daily Express, September 25th 2012)

4.1 Introduction

This second findings chapter is the first of three theoretical chapters that explore the representation of arthritis in British newspapers. This chapter addresses research question one ('what representations of arthritis exist within British media?'), by exploring how arthritis is differently conceptualised - not as a coherent whole, but in three ways, as a disease, condition or

ailment. A coherent narrative of the cause, treatment and effect of arthritis is created for each particular perspective. The three conceptualisations presented are akin to Weberian 'ideal types', a typological term used to describe categories of constructs that are developed to enable the analysis of a social reality (Weber, 1978). As such, they are not offered as the only possible conceptualisations of arthritis, nor are they perfectly formed. Instead they act as a conceptual map to organise the constructions of arthritis, and assist in understanding how it is represented in the media. The language used to describe 'arthritis' in this chapter reflects the language used in the articles relevant to each conceptualisation. Therefore when discussed as a disease, arthritis will be referred to as 'osteoarthritis', when conceptualised as a condition – '(osteo)arthritis', and when conceptualised as an ailment - 'arthritis. The use of parenthesis in the term (osteo)arthritis indicates that both the terms 'arthritis' and 'osteoarthritis' were used in the articles that described arthritis as a condition.

The formation of these conceptualisations emerged from the matrix of themes and subthemes created during analysis. The majority of articles belonged to one conceptualisation. The minority of articles that contained more than one dominant conceptualisation of arthritis were included in all subsamples that they were relevant to, with the corresponding section of the article analysed for each. Thus at the end of analysis there were three subsamples, with a small degree of overlap (see Figure 4.1 below).

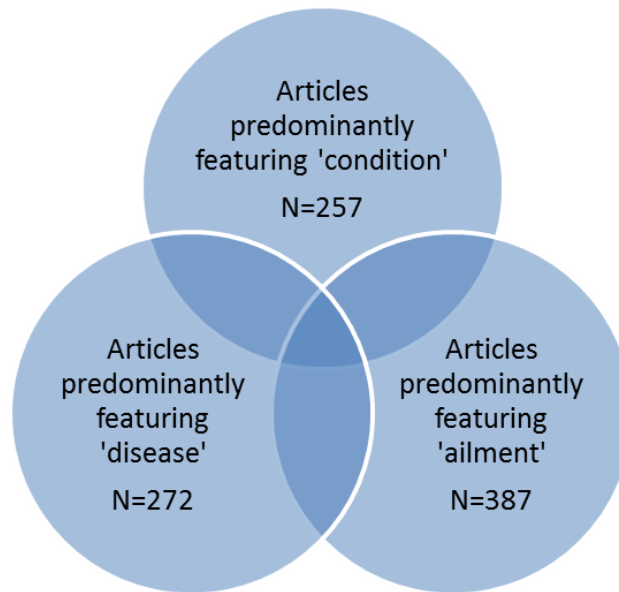


Figure 4.1 Figure demonstrating the relationship between article subsamples according to conceptualisation⁹

This chapter will present the three conceptualisations of arthritis as a disease, condition or ailment in turn. The effect of such multiplicity of arthritis on the perception and representation of arthritis will then be discussed, before finally links to the wider literature of disease multiplicity are explored.

4.2 Osteoarthritis as a disease

The first conceptualisation represented in the media is osteoarthritis as a 'disease'. Osteoarthritis is placed in a medicalised explanatory, diagnostic and treatment framework and represented as a disease that is isolated to the affected joint. In this section I explore theories of risk, causation, diagnosis, treatment and the role of 'experts' in turn, before examining the characterisation of osteoarthritis as a disease of 'high risk/high reward'. This last theory of 'high risk/high reward' refers to how innovative medical methods for the diagnosis and treatment of osteoarthritis are represented in the media.

⁹ The numbers of articles represented in this figure refer to those that belonged to a singular conceptualisation which accounts for the discrepancy between the number of articles shown here (916) and the number in the total sample (1014).

4.2.1 Population at risk

Diseases are often considered to affect specific groups of people according to particular characteristics such as gender, age, lifestyle and genetics (Allen & Golightly, 2015; Blagojevic et al., 2010; Litwic et al., 2013; Silverwood et al., 2015). Such associations are often made due to the underlying theory of the disease. Osteoarthritis is thought to be associated with the mechanical loading of the joint which, over time, can lead to erosion (NICE, 2014). Osteoarthritis is associated with ageing, and increased age is a main risk factor for the development of the disease (Allen & Golightly, 2015; Loeser, 2012). However joints may be overloaded and affected at a younger age due to other factors, such as participation in high intensity and impact sports, leading to early joint erosion (Hendry et al., 2006). Therefore the understanding of osteoarthritis as a disease has two 'at risk' groups: young people who may not be expected to have osteoarthritis, and older people for whom it is 'expected'. Whether osteoarthritis constituted a 'disease' within older people or not varied between articles, with some normalising osteoarthritis in older age groups and therefore not labelling it as a disease, whilst others considered all osteoarthritis to be a disease, regardless of age, with older people simply being at higher risk. All articles that discussed young or middle aged people being at risk from osteoarthritis clearly represented osteoarthritis as a disease. This age group are described broadly as 'young' or 'younger', with the prevalence of osteoarthritis represented as increasing for people from their thirties.

“But over the past few years we have seen a huge increase in the number of younger people (aged 35 to 60) with moderately severe osteoarthritis”

(Daily Mail, January 1st 2013)

“People at the greatest risk of early-stage knee arthritis (which John had) include young sports people, because of repeated injury”

(Daily Mail, June 11th 2013)

4.2.2 Cause of disease

Sports related injuries or high levels of activity were commonly identified as the cause of, or a main risk factor in the development of, osteoarthritis. Out of 43 articles in this category, high activity levels and previous sports related injury were mentioned 17 times, compared with ageing (8 references), weight/obesity (6 references) and genetics (5 references), the remaining seven articles did not refer to a causal factor. Such activity was associated with increased mechanical load on the joints, causing them to 'wear out' earlier than expected.

“[T]he social cachet associated with staying fit has fuelled a rapid rise in the number of younger men undergoing surgery as a result of their joints becoming worn out”

(The Times, August 20th 2013)

Two main subgroups of younger people were considered to be at risk from osteoarthritis due to high levels of activity - professional sports people and 'younger' or 'middle-aged men'. In professional athletes, the elite level, frequency and duration of activity were considered to inevitably impact their joints and lead to osteoarthritis. One professional athlete who featured in three articles was Paula Radcliffe, a long distance runner speculated to be retiring from professional running due to osteoarthritis in her foot.

“Paula Radcliffe has admitted she may never be able to run at elite level again after the foot injury that ruled her out of the London Olympics was revealed to be far more serious than first thought... Most seriously, two decades of high-mileage pounding had eroded the cartilage between the bones in her foot, which was the cause of her pain in training”

(Daily Telegraph, November 27th 2012)

The development of osteoarthritis in such professional sports people was due to both the physical toll of the activity over the years, as well as complications from sports-related injuries.

Chapter Four: The multiplicity of arthritis: Disease, condition or ailment?

She suffered a collapsed arch, which led to a stress fracture that failed to heal. By the time that was finally diagnosed, she had developed severe osteoarthritis in the joint.

(Daily Mirror, March 28th 2013)

Osteoarthritis was presented in these cases as a serious, potentially career ending, disease.

Despite the seriousness of the disease, there was a sense of inevitability for professional athletes due to both the impact of on activity of joints, and risk of sports related injuries.

The second sub-group of younger people considered to be at risk of osteoarthritis were 'younger' or 'middle-aged men', an age group variously described as between late thirties and mid-fifties.

This group were identified as participating, and often competing, in high intensity, endurance sport such as marathon running or triathlons, in order to mitigate the ageing process.

"Hip and knee replacements, once considered a scourge of those entering retirement, are increasingly common among men in their 40s and 50s who, like Blumenthal, try to defy the ageing process through sport."

(The Times, August 20th 2013)

The group, labelled as 'weekend warriors', were identified to be at risk from acute and overuse injury, both of which were associated with an increased risk of osteoarthritis.

"Most at risk from injury, claims Jeffrey Spang, an exercise scientist from the University of North Carolina School of Medicine, who has researched what he calls the "weekend warrior" phenomenon, are the formerly active over-30s who think they can launch themselves straight back into exercise from scratch"

(The Times, November 6th 2012)

Men were represented as being most at risk due to the cultural assumption that men are more physically active than women and participate more commonly in high intensity sport (Chababaev, Fontayne, Boiche, Clement-Guillotin, 2013). Surgical intervention to treat osteoarthritis due to

activity levels and sports injuries was identified as the norm for men. As the development of such an interest in sport was associated with men attempting to combat ageing, the treatment of osteoarthritis was part of this anti-ageing process, and likened to cosmetic surgery for women.

“At dinner parties and social gatherings, conversations with middle-aged men swing from their accomplishments on the football field, on the tennis court or in age-group triathlons, to their dodgy joints. If they haven't already surrendered to the knife, the likelihood is they are on a waiting list to have a hip or knee replaced. As their wives discuss the best doctors for cosmetic procedures, they reel off the names of top joint surgeons”

(The Times, August 20th 2013).

Therefore the conceptualisation of osteoarthritis as a disease is not only age-specific, often involving younger, active people, but also gendered, with men being identified as most at risk.

4.2.3 Diagnosis, disease stage and progression

The diagnosis of osteoarthritis, and determining the ‘stage’ of the disease, were represented as important for effective treatment. Osteoarthritis was diagnosed through various methods, and such diagnostic techniques feature in articles detailing individual patient stories. Prior to diagnosis many of the individuals described consulting about their joint pain and undergoing a watchful waiting period, in which they were advised to undertake conservative measures such as taking pain medication, referral to physiotherapy, and exercise.

“The pain in my knee went on for a year before I saw my GP. He told me to see how things progressed and to take painkillers when I needed them. I started taking glucosamine supplements, and rubbing glucosamine gel into the knee which helped, and changed my routines cycling in the Dales instead of walking”

(Daily Mail, January 1st 2013)

However this period was seen as only an initial process before the individuals consult again and receive further diagnostic tests.

Chapter Four: The multiplicity of arthritis: Disease, condition or ailment?

“So in early 2011, a couple of years after the pain started, I saw my GP. He thought I might have twisted my knee, or that I could be developing arthritis... At that stage, he told me to take paracetamol, which I did when the pain was bad. But it got worse, until it was there all the time... So in June that year I saw the GP again. He sent me for an X-ray, which showed I was developing arthritis”

(Daily Mail, June 11th 2013)

In addition to General Practitioners (GPs) arranging further diagnostic tests, patients with suspected osteoarthritis are also referred to specialists for testing and confirmation of osteoarthritis.

“I was referred to a knee specialist, who did X-rays and an MRI scan and confirmed I was starting to develop osteoarthritis”

(Daily Mail, January 1st 2013)

Four different diagnostic tests were mentioned in this set of articles – ultrasound dye scan, x-ray, inflammatory marker blood test, and magnetic resonance imaging (MRI) scan. X-rays were the most commonly referred to, with six articles indicating their use.

“She went back to her doctor, who sent her for an X-ray. This revealed she had severe arthritis”

(Daily Mail, June 2nd 2013)

Despite the frequency with which X-rays were identified in the articles, the limitations of the technique were also discussed. Such limitations include reduced sensitivity in detecting joint changes associated with osteoarthritis, particularly for the early stages of the disease, reducing their accuracy in diagnosis.

Chapter Four: The multiplicity of arthritis: Disease, condition or ailment?

"With advanced osteoarthritis, you can see on an X-ray that there is severe disease in the joint. But in the early stages it's very difficult to do that"

(Daily Express, June 22nd 2013)

MRI scans were the second most commonly mentioned diagnostic test for osteoarthritis, often used in conjunction with X-rays. MRI scans, either alone or in conjunction with X-rays, were represented as preferable to X-rays alone as they allow for a more detailed and accurate assessment of the joint. Whilst X-rays were considered a valuable diagnostic tool generally, MRI scans have the additional benefit of imaging other bodily structures, such as cartilage. Therefore their diagnostic potential was considered greater. In addition, they are able to provide an accurate assessment of the severity of the condition which could be used to inform treatment decisions.

"MRI has advantages over X-ray and CT scans (it can reveal the inner workings of the body in much greater detail)... The scan, which was taken a year ago, revealed that Elaine has early-stage osteoarthritis."

(Daily Mail, November 27th 2012)

"An MRI scan showed my cartilage was worn away Professor Shetty said he could do a knee replacement"

(Daily Mail, June 11th 2013)

The concept of early-stage osteoarthritis was evident, with a number of articles referring to people being diagnosed with osteoarthritis both younger than expected, and at an early stage. Those presenting with 'early-stage' osteoarthritis appear to be a clinical priority over those considered to have established osteoarthritis, with diagnostic techniques to identify the early stages of disease frequently discussed. The reasons for this prioritisation are twofold. First, those with early stage osteoarthritis were considered too young for the 'usual' osteoarthritis, and therefore represent a demographic where the disease could be considered to be abnormal and

Chapter Four: The multiplicity of arthritis: Disease, condition or ailment?

pathological, rather than a usual and accepted part of ageing. Therefore 'early stage' treatments (such as innovative surgical procedures) were directed towards younger, rather than older, people with the disease

"I'd like to see this procedure more widely known and offered to many more to save younger patients a shoulder replacement or years of pain and immobility"

(Daily Mail, May 21st 2013)

Second, the ability to diagnose the disease at an early stage presents a promise for those offering treatments or surgical interventions for osteoarthritis in younger people.

"DOCTORS may soon be able to detect crippling arthritis before any symptoms even appear. A pioneering blood test has been devised which could save millions from the agony of painful joints"

(Daily Express, June 22nd 2013)

This is due to the assumption that early diagnosis can lead to early treatment, potentially preventing further surgical intervention, and reducing pain and loss of mobility in the future.

Articles that discussed new and pioneering treatments such as medication and surgery supported this idea, promising that the featured treatment has the ability to slow down the progression, and potentially cure, the disease.

"A new minimally invasive procedure could help tackle the early stages of knee arthritis... 'For patients with early-stage arthritis who were too young for a knee replacement, there was little we could do... But a procedure I devised around four years ago could help around 9,000 UK patients every year'"

(Daily Mail, June 11th 2013)

However, despite the promises of effective treatment that early diagnosis holds, evidence for any verified treatment to effectively impact on the progression of the disease was disputed. Instead some claimed that the main target for reducing osteoarthritis should be through lifestyle changes.

“If we can predict the onset of early osteoarthritis through blood and genetic tests, people could modify their lifestyles to minimise its impact - even though there is no effective treatment to slow its progression”

(Daily Express, June 22nd 2013)

The many references to osteoarthritis presenting in stages (progressing from early to late) reinforces the perception of the disease as degenerative and progressive. Early stage osteoarthritis is represented as an inevitable precursor to the later stages of the disease. Late stage osteoarthritis is associated with high levels of pain, reduced mobility and increasing disability.

4.2.4 Treatment

Nineteen different treatments for osteoarthritis were discussed in the articles that represented osteoarthritis as a disease. Some treatments were only referred to once, whilst others have numerous references. The treatments were sub categorised into four categories: 1) surgery, 2) injections, 3) medication and 4) external treatments (such as creams/gels).

Surgery was the most commonly represented treatment, with nine different surgical procedures mentioned. Joint replacement surgery featured most frequently, and was represented both as the only long term solution or treatment for osteoarthritis and as a last resort. The cost and numbers of people having the procedure each year was highlighted in a number of articles, implying that the current rate of such surgery is both unsustainable and undesirable.

Chapter Four: The multiplicity of arthritis: Disease, condition or ailment?

“There is no cure unless people undergo expensive joint replacement operations, which cost the NHS £1 billion a year”

(Daily Express, March 14th 2013)

The cost of joint replacement surgery, coupled with the fact that the procedure was considered to be unsuitable for young people due to the potential of the artificial joint needing replacement after ten years, were often cited as justification for newer, alternative surgeries.

“Knee replacements are not suitable for people under 55 because they need to be replaced in ten to 15 years... But a procedure I devised around four years ago could help around 9,000 UK patients every year... It's about a quarter of the cost of a knee replacement, as the patient goes home that night instead of staying in hospital... If his arthritis progresses, he can have a knee replacement later, but should have many pain-free years first... The operation costs around £3,853 privately, and £3,830 to the NHS”

(Daily Mail, June 11th 2013)

Even when their osteoarthritis was considered ‘severe’ enough for joint replacement surgery, age restrictions on treatments resulted in some patients being denied it. Awareness of such restrictions meant that those who were recommended for joint replacement, or had undergone the procedure, felt the need to justify their access to the treatment:

“People probably think I'm too young to need a hip replacement but I really do. I eat well and take care of myself so it was just bad luck I suppose”

(Daily Mirror, March 12th 2013)

Therefore the media portrays that the age of the person with osteoarthritis as a strongly influential factor in treatment decisions. For younger people there is the need for additional justificatory conditions. For older people joint replacement surgery is actively encouraged if their condition is deemed to warrant it. The benefits of surgery such as greater mobility and reduced

pain are frequently highlighted to this age group, as this letter to Dr Rosemary Leonard in the Daily Express demonstrates:

“Q I'm a relatively fit 70-year-old male but suffer with severe arthritis in both knees... My doctor has suggested a knee replacement. Do you think this could help restore my mobility?

The simple answer to this is a resounding yes. The severe arthritis you have in your knees means that the cartilage pads that cushion the ends of the bones in the joint will be worn away leaving your bones grating on each other. Unfortunately there is no way that the cartilage can be replaced so the best option is to follow the example of Hollywood star Michael Douglas, right, and have replacement surgery. The majority of people who have the operation have no problems at all afterwards and are delighted with the result”

(Daily Express, August 27th 2013)

The other treatments referred to (injections, medications and external treatments) were mostly new procedures that are not (or not widely) available on the NHS. Such procedures were represented as the subject of new, early stage research into treatments, or as a singular case study to highlight a new treatment that is being used by a few medical practitioners, outside of the NHS. Such treatments were usually introduced in the articles through the use of eye catching headlines:

“NEW PILL TO BEAT AGONY OF ARTHRITIS;

British scientists behind 'huge breakthrough' that will end crippling pain suffered by millions 'It's more than a potential cure for arthritis'”

(Daily Express, July 29th 2013)

The articles often employed hyperbolic language, describing osteoarthritis as ‘crippling’, ‘agony’ and ‘torture’, and the new treatments as a ‘breakthrough’, ‘wonder’ and ‘revolutionary’. Such

language was especially common in the tabloid newspapers (such as the Daily Express and The Sun), and the Daily Mail (a middle market newspaper).

“SCIENTISTS have created an "oil" for joints hailed as a breakthrough for millions of arthritis sufferers. The wonder treatment is said to work better than anything used currently to ease the crippling disease”

(Daily Express, May 6th 2013).

4.2.5 Experts

The role of ‘experts’, and the importance placed on them, was a common theme in many articles. Such ‘experts’ included researchers, doctors, consultants, surgeons, scientists and specialists. These were represented as those advocating new forms of treatment. The legitimacy of the ‘experts’ to make such claims was established through the use of their credentials or references to experience. Treatments that they advocate were represented in terms of ‘breakthroughs’ with the potential for the treatment represented as great.

“Scientists have made a breakthrough in creating bone cells using plastics found in CDs and bullet-proof windows. Experts say the technique could lead to revolutionary treatment for broken bones and hip replacements due to osteoporosis and osteoarthritis... Professor Richard Oreffo, who led the team, said: "This could improve the quality of life and help a person maintain activity levels... It is a fantastic opportunity which could ultimately lead to reduction of pain and disability for tens of thousands of people every year."

(Sunday Express, March 17th 2013)

The prominence of members of the medical profession in the treatment of osteoarthritis was clearly evident. Most of the treatments recommended are highly medical, with the vast majority of them being invasive procedures such as surgery. The importance placed on new treatments researched by ‘scientists’ and ‘doctors’ that may constitute ‘breakthroughs’ or ‘cures’ indicates

that the medical profession and scientists are tasked with 'curing', not simply 'treating', osteoarthritis. Such cures were represented as both possible and imminent.

4.2.6 High risks vs. high rewards

Although the cause, diagnosis and treatments associated with osteoarthritis as a disease typically corresponded to make a comprehensible whole, there were elements of tension evident within this conceptualisation. One such area of tension was the representation of innovative medical diagnostic techniques and treatments. These were represented as essential and pioneering, and thought to possess the potential to improve knowledge, treatment and the experience of the disease. However other articles discussed the downside of such medical innovations. These articles detailed the risks involved in such innovations, with newer treatments and diagnostics represented as untested and risky. They detailed treatments that had been previously considered 'innovative', but are now shown to have negative side effects or risks associated with them. Two such medical interventions that were represented in this way emerged from the data, 'faulty' hip replacements and non-steroidal anti-inflammatory drugs (NSAIDS). The representations of both are discussed below.

All-metal artificial hip joints were introduced in an attempt to increase mobility for those requiring hip replacements, as the range of motion allowed by such replacement hips was more than the previous replacement which contained either ceramic or plastic. However stories of problems associated with these hips soon emerged, and some such articles featured in this sample. The problems faced by patients were detailed in two articles, both in the Daily Telegraph. These articles discussed the stories of those who had received the artificial joints and subsequently experienced problems ranging from pain, lack of mobility, noises from the joint, metal poisoning and a rash.

Chapter Four: The multiplicity of arthritis: Disease, condition or ailment?

“Thousands of British patients are threatened with serious health problems because they have been implanted with artificial "metal on metal" hips”

(The Daily Telegraph 23rd October 2012)

“Mother says her faulty hip replacement has had a "devastating" psychological and physical effect. Susanna Derham, 41, a mother-of-four, said the damage has left her in agony and feeling like an 80-year-old.”

(The Daily Telegraph, 24th October 2012)

The articles implied that a lack of testing of the joints was the cause of the problems, comparing patients who receive such new treatments to ‘guinea pigs’.

“"The whole system needs to be better regulated, we can't be used as guinea pigs," she said. Kathy Mather, 62, a welfare benefit adviser from Carmarthenshire, had metal on metal implants fitted in both of her hips because of osteoarthritis”

(The Daily Telegraph, 23rd October 2012)

Thus, medical innovations were represented as risky, with the anticipated benefits of procedures, such as increased mobility in this case, represented as not worth the potential drawbacks and negative side effects.

The second issue with innovation raised in the articles was the newly established link between prescribed NSAIDS and increased cardiovascular events, such as heart attacks and strokes.

Research has highlighted that people who regularly take high doses of NSAIDS such as ibuprofen and diclofenac, previously commonly prescribed for those with osteoarthritis, are at higher risk of cardiovascular incidents. This research was widely reported in the media and, due to the link with osteoarthritis, featured in the articles sampled in this study.

“Common painkillers used by millions of people increase the risk of heart attacks and strokes by a third, an authoritative analysis indicates. Arthritis patients taking high doses of non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, need to know that they are running a slightly higher risk of dying of heart disease, researchers say.”

(The Times, May 30th 2013)

The articles make comparisons with a similar drug, Vioxx, which was removed from sale due to the risk of cardiovascular problems faced by patients.

“The research found that the greater risk of cardiac side-effects from ibuprofen was similar to those of another arthritis drug, Vioxx, which was withdrawn from the market almost a decade ago when research suggested it might double the risk of heart attacks. “

(The Daily Telegraph, May 30th 2013)

The use of this previous case enables the articles to represent the issue as recurrent, rather than an isolated case. This has the effect of reminding audiences that similar problems have been exposed in the past, making such medical treatments appear even more risky.

The articles establish the complexity of the risk/benefit equation faced by patients and medical professionals when attempting to treat conditions such as osteoarthritis. Despite the safety risks associated with the drugs, the articles also point out that they may be the best option for some, highlighting the lack of clear consensus around medical risks.

“The authors of the University of Oxford study said that their findings showed that prolonged use of such medicines was "risky", but added that patients needed to weigh up the benefits against the potential dangers... "For many people who take these drugs for severe arthritis they make the difference between being able to go about their daily life or not. We are trying to say yes, they are risky, but it may be worth it."”

(The Daily Telegraph, May 30th 2013)

These two cases demonstrate that medical innovation and intervention in osteoarthritis is represented both positively and negatively. Many articles detail the high rewards of such intervention, with a focus on the benefits of innovative drugs and technologies. Such articles routinely use journalistic techniques, such as hyperbolic language, to represent medicine as triumphant and powerful. However these same journalistic devices are also used to expose the potential risks and negative consequences of such interventions, representing medicine and medical knowledge as risky and precarious. This results in medical innovation and treatment for osteoarthritis being portrayed as having both high rewards, through the potential for breakthroughs and cures; as well as high risks, as when treatment does go wrong the consequences can be severe.

4.3 (Osteo)arthritis as a condition

The second conceptualisation is (osteo)arthritis as a 'condition'. This conceptualisation represents arthritis as having a wider impact than that of a solely joint-based disease, instead impacting the whole person and wider society. (Osteo)arthritis is considered to impact the biological, social and psychological aspects of a person and as such a multidisciplinary approach to treatment is recommended, with different healthcare workers considered important for specific aspects of patient care. In addition, the impact of arthritis on society through increased prevalence and cost of the condition increasing public health and NHS pressures are discussed. In this case lifestyle factors are represented as being pivotal to reducing both individual symptoms and the widespread impact of (osteo)arthritis.

4.3.1 Risk factors

The conceptualisation of (osteo)arthritis as a 'condition' represents it as a complex interplay between risk factors such as lifestyle and biological processes. In the articles that represented (osteo)arthritis in this way, the condition was not seen as inevitable with age, rather ageing was

reconceptualised as one risk factor for the condition, which was listed alongside other modifiable risk factors:

“In fact, obesity is the biggest risk factor for osteoarthritis after ageing”

(Daily Mirror, December 4th 2012)

Despite (osteo)arthritis not being considered an inevitable part of the ageing process, age and (osteo)arthritis were strongly associated, with age represented as the biggest risk factor for developing the condition. Therefore (osteo)arthritis was often mentioned in articles that discussed the ‘ageing population’ and the effect of such demographic changes on health and social care services. Generally it was not age itself that was considered to be the problem, but the increased disability and reduced quality of life that an ageing population is associated with. Musculoskeletal problems such as (osteo)arthritis were cited as a main contributory factor to years spent with disability in an ageing population.

“This new analysis clearly shows musculoskeletal conditions account for the largest proportion of years lived with disability in the UK. Over the last 20 years, these conditions have increased in burden and will continue to do so, particularly due to our ageing population. People are living longer, but we must recognise that many face spending these later years with a severely reduced quality of life”

(The Guardian, March 7th 2013)

Whilst age was seen as a problem for society, it was not considered to be a cause of (osteo)arthritis for individuals. Rather individual lifestyle choices, such as obesity and sedentariness, were represented as the main causal factors for the condition. As such, lifestyle was cited as both key to the prevention and treatment of (osteo)arthritis, with both weight management and reduction, and regular exercise recommended for both. These two lifestyle factors are discussed in more detail below.

4.3.2 Weight management

Weight was a key factor in many of the articles, cited as both a risk factor for the development of (osteo)arthritis, as well as key to the prevention and treatment of the condition.

“The knees are one of the joints most commonly affected by osteoarthritis, and lifestyle factors can raise the risk being overweight puts extra strain on the knee... Knee problems tend to become apparent in our 40s or 50s. This is when we start to put on more weight,' says Professor Philip Conaghan”

(Daily Mail, May 28th 2013)

“[Y]ou can help to prevent arthritis by... following a balanced diet to maintain a healthy weight”

(The Sun, August 25th 2013)

“Just two years ago Joyce Kearney was miserable as arthritis in her knees left the mum of three barely able to walk... Now after losing almost eight stone, the 57-year old is like a new woman - and it's all thanks to Slimming World... And she couldn't be happier. Joyce said: "By losing weight I helped myself and my arthritis is much better so I no longer need an operation on my knees."”

(Daily Mirror, August 27th 2013)

Weight management and obesity were also discussed more broadly than solely relating to (osteo)arthritis. Obesity was represented as a main priority for public health policy due to its increasing prevalence, the associated complications, of which (osteo)arthritis was commonly mentioned, and the assumed cost of these complications to the NHS. These factors resulted in obesity being discussed in terms of a crisis that was out of control in headlines:

**“EACH NHS TRUST NEEDS A TSAR TO TACKLE OBESITY CRISIS,
SAY TOP DOCTORS”**

(Daily Mail, January 1st 2013).

“BULGING BRITAIN'S FATNESS EPIDEMIC”

(Daily Express, January 1st 2013)

**“It's official! Britons are now the 'fattest' in Western Europe;
OBESITY”**

(i, November 17th 2012)

Sensational headlines that discussed obesity as a crisis featured across all publications in the sample, as did the costs of obesity to society. However methods to reduce and treat obesity were discussed differently according to the newspaper. The i recounted an NHS report which blamed the increasing rate of obesity on the inadequate provision of obesity resources in the NHS, including a lack of joined up services and obesity focussed medical education.

“There is "inadequate" provision to treat obese patients in the NHS, a new report suggests.. there are few "joined-up" services for overweight people... [and] education in obesity and nutrition is "inadequately represented" in current medical education, which should be addressed.”

(i, January 1st 2013)

Conversely The Times reported that obesity is caused by individual lifestyle factors, and therefore could only be addressed by individuals, not solved through NHS intervention.

“The NHS can't solve the obesity epidemic; rather the reverse. If we don't club together to resist the tricks and temptations of the food industry, the NHS will simply collapse under our collective weight. As my Auntie Queenie used to say: "If in doubt, don't put it in your mouth.””

(The Times, May 29th 2013)

The frequency and breadth of reporting on obesity indicates that it is not only considered to be a problem for individuals with arthritis or those at risk of the condition, but a challenge for population health more generally. Despite a consensus about the scale of the problem, there was little agreement about how to address it.

4.3.3 Exercise

Exercise was another lifestyle factor frequently advocated to prevent (osteo)arthritis and treat the condition:

“Our advice is to focus instead on what we do know works exercise. Research shows it is actually the most effective non-drug treatment for reducing pain and improving movement. It's also a great way to prevent osteoarthritis in the first place”

(Daily Mail, November 27th 2012)

“The majority of people with arthritic knees will not need surgery, he adds. The way to help a painful knee is first through strengthening the muscles around the knee and in the upper thigh.”

(Daily Mail, May 28th 2013)

Conversely, a lack of exercise, and leading a sedentary lifestyle, were considered to be risk factors for developing (osteo)arthritis:

“With more than a quarter of British workers suffering from painful knee joints, partly due to the rise of the internet and being stuck at a desk all day long. Sammy Margo, a spokeswoman for The Chartered Society of Physiotherapy, says: "I have seen a huge surge in the number of people with knee pain and it is down to the sedentary lifestyle we now lead”

(Daily Mirror, November 27th 2012)

Chapter Four: The multiplicity of arthritis: Disease, condition or ailment?

Increasing population exercise levels and reducing sedentary lifestyles are represented as essential to population health. A lack of exercise was not only a risk factor for (osteo)arthritis, but was also implicated in the development of a number of other conditions and higher rates of mortality.

“A 2010 Government report about sedentary behaviour showed that it is associated with higher mortality overall, heart disease, diabetes and some cancers”

(Mail on Sunday, May 19th 2013)

However the advice about exercise was not always consistent. Whilst many articles discussed the benefits for joint health, exercise was also presented as a risk factor for the development and worsening of (osteo)arthritis.

“Professor Mark Batt... says "The burden of osteoarthritis is definitely rising."...

[S]porting injuries and joint overuse among the gym generation through to elite athletes are crucial factors in the upward trend. "We know, for instance, that acute injuries in skiing or rugby can cause problems in later life,""

[(The Times, August 20th 2013)

“Try to adhere to a regime of rest and exercise when your joints are warm. A full range of movement exercises is a must. Keep supple; exercise after a bath or shower. Not doing enough will lead to stiffness, doing too much will increase joint pain and swelling”

(Daily Mirror, June 7th 2013)

4.3.4 Multidisciplinary care

There were few mentions of formal diagnostic processes in the articles that represented (osteo)arthritis as a condition; however readers were encouraged to monitor their own health and symptoms with advice from their GP.

“Although joint pain or "arthralgia" can occur in any part of the body, it is most common in the hips and knees. General wear and tear is often to blame... Pain in one knee is usually the result of injury or overuse, while pain in more than one joint is usually caused by arthritis.

When to go to the doctor:

NHS Choices advises seeking medical attention if your knee can't take any weight; if you have severe knee pain, even when resting; if your knee locks or clicks painfully (painless clicking is OK); if you have fever, redness, severe swelling or heat around the knee; or if the pain doesn't subside after a few days.”

(Sunday Express, July 28th 2013)

Whilst many articles advised people to seek advice from their GP, there were few references to diagnostic processes, with radiographic imaging techniques such as X-rays and MRI scans deemed unnecessary for diagnosis. The move towards reduced use of such imaging techniques is partly due to such imaging techniques not always correlating with the symptoms reported by patients, reducing their efficacy in diagnosis.

“Pain is very subjective,' says Dr Seewal. And we do take the patients' word and absolutely believe the extent to which they are suffering, but scans often show degrees of damage that do not necessarily correlate to the extent of their symptoms at all.”

(Daily Mail, October 16th 2012)

In addition, such diagnostic techniques may be considered detrimental to patients when they are considered from whole person perspective, with the psychological impact thought to be potentially damaging.

“Scans can have a negative psychological impact on a chronic pain patient, says Philip Conaghan, professor of musculo-skeletal medicine at the University of Leeds and spokesman for Arthritis Research UK. We know if you scan and X-ray perfectly healthy

Chapter Four: The multiplicity of arthritis: Disease, condition or ailment?

people you will see abnormalities,' he says. Most of us have some degree of wear and tear, and bulging discs, but no pain symptoms.”

(Daily Mail, October 16th 2012)

Whilst the GP was often mentioned as the first contact, a number of other healthcare practitioners were recommended in the care of a person with (osteo)arthritis. Working with a multidisciplinary team was represented as the best way to manage (osteo)arthritis.

“WORK WITH YOUR HEALTHCARE TEAM There isn't just one way to manage arthritis and you need to devise a treatment plan that best suits you. ‘You'll need to work with your GP and monitor your symptoms to develop the most effective treatment plan’, says Dr Dawn Harper, GP... ‘The plan should incorporate all aspects of your wellbeing and may involve any of a long list of healthcare professionals: rheumatologists, orthopaedic surgeons, pharmacists, physiotherapists, occupational therapists, orthotists, podiatrists, dietitians, nurse specialists, psychologists and chiropractors.’”

(Daily Express, September 25th 2012)

In most articles, the multi-disciplinary plan for managing (osteo)arthritis comprised a combination of self-management, through lifestyle changes, supported by a select number of healthcare professionals such as physiotherapists, orthotists and podiatrists.

“Losing excess weight, anti-inflammatories, gentle stretching and physiotherapy can all help. Orthotic shoe insoles, to correct a misaligned gait, can also make a difference.”

(Sunday Express, July 28th 2013)

4.3.5 Wider factors

Other health-related factors thought to both influence and be influenced by (osteo)arthritis, were sleep and loneliness. Tiredness and reduced sleep was associated with (osteo)arthritis, as pain is said to reduce sleep quantity and quality.

“If you already have arthritis, you may find yourself waking up with it at night. This is because inflammatory chemicals in the body are more active between 11pm and 3am, though it is not known why. Taking an anti-inflammatory before going to bed may help.”

(Daily Mail, July 30th 2013)

Additionally, tiredness was also said to make pain feel worse, therefore getting adequate sleep was seen as a priority in order to reduce pain from (osteo)arthritis.

“Studies show not only that arthritis causes sleep problems, but also poor sleep makes joint pain worse”

(Daily Mail, May 7th 2013)

The interaction between sleep and (osteo)arthritis was linked in some articles to accelerated joint damage. Therefore tackling sleep problems such as insomnia was highlighted as a priority to control (osteo)arthritis.

“[U]ntil recently restless nights were viewed as a secondary and almost inevitable problem for people with arthritis. But now scientists are realising that this problem is a two-way street: not only does joint pain cause sleep loss, but sleep deprivation makes joint pain worse, and can even accelerate joint damage. There is growing concern that sleep disturbance exacerbates osteoarthritis (wear-and-tear arthritis)... and experts believe that treating insomnia could lead to an improvement in the condition”

(Daily Mail, November 20th 2012)

Chapter Four: The multiplicity of arthritis: Disease, condition or ailment?

A number of articles referred to wider causes and impacts of (osteo)arthritis, such as the link with loneliness and depression. Some articles referred to studies which had demonstrated that those who were lonely were more likely to have conditions such as (osteo)arthritis.

“Loneliness is a "hidden killer", increasing the risks of death in elderly people by 10 per cent, according to research into the physical impact of isolation in old age... A second study found those who live alone suffer far more from a range of debilitating diseases including arthritis”

(The Times, November 30th 2012)

Other articles indicated that (osteo)arthritis may be a cause of isolation as people avoid social outings due to symptoms such as pain, and therefore offered advice about how to overcome such isolation:

“AFTERNOON . . . GO ON AN OUTING: People will accept pain if they're going to get something from it for example, having an injection or going to the dentist,' says David Walsh, professor in rheumatology and director of Nottingham's Arthritis Research UK Pain Centre.

So rather than not going to the shops because it will hurt, go out and prepare yourself for the pain you'll feel: tell yourself that it's worth it.”

(Daily Mail, May 7th 2013)

The link between loneliness, depression and (osteo)arthritis was made in another article in which a multidisciplinary approach, which avoids hospital and encourages physiotherapy and targeting the cause of depression, was recommended:

“What is ailing an elderly woman may be musculoskeletal pains and depression. She probably does not need hospital. What about physiotherapy for the arthritis, he says? And how about tackling the causes of the depression? "A lot of depression is associated with

isolation. If you are on your own - and this is a huge issue - you are more likely to be depressed and suffer from these pains.'"

(The Guardian, March 13th 2013)

4.3.6 Societal impact

In addition to the impact on a person, the conceptualisation of (osteo)arthritis as a condition also considers its impact on wider society. The scale and cost of (osteo)arthritis were frequently mentioned in articles, and presented as a dramatic problem in need of a rapid solution. However, neither the scale nor costs were represented as fixed entities. Instead the prevalence and cost of (osteo)arthritis were reported as likely to increase due to lifestyle factors (such as obesity) and epidemiological trends (such as the ageing population).

"Osteoarthritis is extremely common. And it is getting more common with an increasingly ageing and obese population. Both are contributing to the number of people suffering from the disease. At least eight million people are living with osteoarthritis in the UK and that number is going to go up dramatically. Within five years it is going to be much worse."

(Daily Express, April 10th 2013)

Most articles that discussed arthritis prevalence also discussed the cost of the condition to the NHS. The current prevalence of arthritis, and the predicted increase in the condition, meant that the cost to the NHS was represented as both a current crisis and unsustainable for the future.

"Osteoarthritis, rheumatoid arthritis and other musculoskeletal conditions are all listed as major causes of disability in the UK. Musculoskeletal conditions are painful, fluctuating, long-term conditions which can have a severe impact on people's quality of life.

Musculoskeletal health also accounts for a substantial cost to the health service: the NHS in

England spends £5bn on musculoskeletal health. Each year 20% of the general population consults a GP about a musculoskeletal problem”

(The Guardian, March 7th 2013)

Therefore the levels of spending on arthritis were often represented negatively, with articles frequently pointing to lifestyle changes, such as weight management and exercise, as the solution to the apparent problem of arthritis.

4.4 Arthritis as an ailment

The final conceptualisation is that of arthritis as an ailment. When conceptualised in this way arthritis is considered to be a minor complaint that is a natural and expected part of ageing, as opposed to either a distinct disease or a condition as described by the previous two conceptualisations. Although the symptoms of arthritis are recognised to be joint based, such as pain and lack of mobility, the ailment itself is not considered to be isolated to the affected joint. Rather, a more holistic view of arthritis emerges, whereby wider lifestyle and environmental factors, such as diet and environment, are thought to influence the development and severity of arthritis. The numerous treatments embraced within this conceptualisation of arthritis indicate that a single treatment for everyone with the ailment does not exist. Instead individual approaches and idiosyncratic treatments are promoted, indicating that each person’s arthritis may be considered to be unique to them. The effects of wider environmental factors and the individuality of treatment for arthritis were not found in the previous conceptualisations and are therefore exclusive to the conceptualisation of arthritis as an ailment.

4.4.1 Natural ageing and creeping onset

The ailment of arthritis and joint pain was presented in the text as a natural part of ageing. The link between old age and arthritis can also be seen throughout references to the condition being a

certainty in old age. This indicates that arthritis was not considered to be a discrete disease, but was instead bound up in the natural process of ageing.

“Do I want to live to be a ripe old age? Yes. But only if in that ripe old age I can still do all the things I do now. And that isn't going to happen... life later on will not be the same as it is now. There will be arthritis and leakage and pain and disability and one day I will walk into a bank and not know why I'm there, or what a bank is for”

(The Sunday Times, May 19th 2013)

This conceptualisation therefore differs from the other two conceptualisations as no further risk factors or behaviours are linked with the onset of arthritis. Age is represented as the singular cause.

The presentation of arthritis as an ailment that is natural during ageing is notable by the lack of references to diagnosis, and few articles that encouraged contact with health professionals. Instead the ailment was presented as something which ‘crept’ up on people and its expected nature made contact with medical professionals unnecessary.

“Arthritis has come creeping into my body, as well as various other unspeakable physical complaints”

(Daily Mail, February 14th 2013)

Even articles which attempted to challenge this view of arthritis acknowledged the widespread perception of arthritis as something which ‘creeps’ in with age:

“SUCH is its prevalence, particularly among the elderly, that you'd be forgiven for thinking arthritis is something that creeps up on you over the years along with grey hairs and middle-age spread”

(The Express, September 25th 2012)

4.4.2 A minor complaint?

Arthritis was represented as a mild condition that is often no more than an irritant to those experiencing it. This non-serious nature was reinforced by articles which discussed Pope Benedict's resignation. The media response to this resignation varied. Some reacted with surprise as his only health problem was arthritis, indicating that such a minor illness would not normally be expected to cause such a prominent figure to resign.

“Pope Benedict, 85, has been suffering from arthritis but there is no reason to believe he is seriously ill”

(The Independent, February 12th 2013)

The notion of arthritis being only a minor complaint, rather than a serious illness was mirrored elsewhere. The language used to describe arthritis underpinned this assumption. The word ‘grumble’ was used to describe how people articulate arthritis, for example:

“Henry Goodman's Arthur begins the play as a decent dry old stick with nothing much to grumble about but his arthritis”

(Mail on Sunday, March 24th 2013)

Terms like ‘grumble’ and ‘moan’ have negative connotations as they are associated with unjustified complaining and diminish the perceived severity of the ailment. This use of language communicates the message that arthritis is something to accept without complaint. This viewpoint was bolstered through references to those who are suffering from arthritis, but are still able to carry on.

"Another new supercentenarian is Ralph Tarrant, who turned 110 earlier this month... I've been in a rough condition for three or four months," he says on the phone from his home in

Sheffield. He is hard of hearing, but his mind is intact. "Rheumatism and arthritis. But I think I've got over it now and I'm beginning to be able to walk again."

(The Guardian, July 27th 2013)

Such people were often applauded in the articles and seen as characterising the idea of the 'stiff upper lip', a term used to describe those who display fortitude in the face of adversity and who do not complain - a character trait that is often celebrated and seen as synonymous with 'Britishness'.

4.4.3 Degeneration

Despite these numerous references to arthritis being a minor condition that is allied with ageing, it was not represented as unchanging or static. Rather the perception of arthritis being continually degenerative and progressive was prevalent throughout the text. Arthritis was represented as something which will inevitably and continually worsen.

"I've got arthritis now. What will I be like in ten years' time when I can't walk?"

(Mail on Sunday, April 4th 2013)

The perceived degenerative nature of the condition is once again put down to the link between arthritis and ageing, therefore as people age, so too their arthritis worsens. The text therefore establishes a difference between the old, who are expected to have mild arthritis which is to be put up with, and the very old, who suffer from more severe arthritis which impacts much more on their lives. Being simply old was represented in some of the articles as a positive thing to be celebrated, and minor complaints, whilst expected, were not too undesirable.

"Most seem to regard being old as some kind of downward slide. In some ways this is true, but it's worth remembering that the view as you hurtle down the hill is far more spectacular

Chapter Four: The multiplicity of arthritis: Disease, condition or ailment?

than when you're trudging up it.... Being really old, however, is probably a rather different matter”

(Daily Mail, February 14th 2013)

In contrast being ‘really old’ was represented a different life stage. During this life stage arthritis was expected to have progressed and became a serious complaint.

“I only ever knew my grandmother as bent and tormented by arthritis”

(Daily Telegraph, June 26th 2013)

Such people were often described in ways that conform to negative perceptions of age, with frailty, severe arthritis, loneliness and mental health problems all assumed to be part of the life stage.

“One [elderly lady], virtually confined to a chair by arthritis, passes the time by confiding in her pet budgie”

(The Times, April 5th 2013)

4.4.4 Treatment

Despite the perceived mildness of arthritis, the symptoms of it, such as pain and reduced mobility, were recognised during discussions about treatments. The impacts of arthritis symptoms, including the potential reduction in independence, were also highlighted. 95 different treatments were recommended in the newspaper articles, as were eight different products or devices to help alleviate or aid the condition. These treatments can be grouped into supplements, diets, exercise/activities, herbs and spices, bathing or topical treatments, temperature related treatments, alternative therapies (such as acupuncture and reflexology), atmospheric, and Chinese medicine. The products ranged from sleep devices such as memory foam mattresses and mobility devices, to new technologies such as intelligent data. The treatment most commonly recommended, and featured in seventeen separate articles, was omega 3 fish oil:

“BEST FOR JOINT PAIN

WHAT Daily fish oil with 3,000mg of DHA/EPA (a type of omega-3 fat).

WHY Studies have shown that omega-3 fats dampen inflammation that causes arthritis pain”

(Mail on Sunday, August 25th 2013)

Yoga was the second mostly commonly recommended remedy, and featured in twelve articles.

“BIKRAM YOGA - Yoga in extreme temperatures may aid weight loss, reduce blood pressure and relieve arthritis”

(The Sun, December 20th 2012)

Despite both Omega 3 and yoga being widely recommended, negative articles about these treatments were also found. Omega 3 was linked to both overfishing and prostate cancer, with such articles casting doubt on their use for arthritis; whereas yoga was linked to the development of arthritis itself.

“A fish oils supplement taken by millions to protect against heart attacks and strokes may help trigger aggressive prostate cancer, say experts. A study found Omega-3 fatty acids increase risk of the highgrade type of the disease by 71 per cent - and all grades by 43 per cent. Experts in Ohio, US, said the acids - also an arthritis aid - may convert to compounds which damage cells and DNA.”

(The Sun, July 18th 2013)

“And this is another thing about yoga. In the 21st century, it is, like eating more fruit and calling your mum more often, generally regarded as an intrinsically good thing to do. But

Chapter Four: The multiplicity of arthritis: Disease, condition or ailment?

there are risks associated with it, as with any physical activity, common injuries including degenerative arthritis”

(The Times, July 13th 2013)

Such abundance of articles about arthritis treatments, and contradictory advice between them, demonstrates that no single intervention was recommended to alleviate arthritis as an ailment. Rather such articles appear to support a ‘shopping basket’ or trial and error approach, whereby people purchase and try different products, therapies and devices in order to find those which suit them individually.

“CONSIDER COMPLEMENTARY THERAPIES There are many options that may lower the physical and emotional toll of arthritis although it's a matter of trial and error and finding a therapy you feel is worthwhile and affordable”

(The Express, September 25th 2012)

A number of articles discussed alternative and complementary therapies for arthritis as negative more generally. The main point of contention in the opposition to complementary and alternative medicine was the unproven nature of many of the therapies. Homeopathy was one particular alternative medicine that is frequently criticised. The main criticism was in response to the Advertising Agency revoking advertisements that claimed homeopathy could effectively cure particular health conditions, such as arthritis. The main voices of dissent in the articles came from members of the medical profession who argued that homeopathy lacked scientific evidence to support the claims made. Nineteen articles discussed homeopathy for arthritis in a negative way, with many of these advising people against accessing such therapies.

“HOMEOPATHY chiefs have had adverts on their website banned after they claimed they could treat arthritis, hay fever and even flu. A House of Commons report has previously said the controversial therapies are "no better than a placebo". Now the Advertising Standards Authority has blasted the Society of Homeopaths for misleading people with a

list of illnesses it could help... A spokesman added: "The average consumer targeted by the ad was particularly vulnerable."

(Daily Mirror, July 3rd 2013)

4.4.5 Advertisements

In addition to the articles that recommended products, there were a large number of advertisements for products. The newspapers in the sample that most commonly advertise products and devices for people with arthritis were the Daily Mail, Daily Telegraph, Daily Express and Daily Star, with the Daily Express advertising the highest number of times. These newspapers mostly have an older readership, and therefore the adverts are specifically targeted at this age group. The newspapers tended to advertise similar products each week. Most of the adverts in both the Daily Express and Daily Star were for diabetic socks and bathing aids, The Daily Telegraph mostly advertised sleep aids, such as the pyramid pillow, and the Daily Mail advertised a range of items from kitchen aids to supplements and footwear.

“WHETHER you are finding it increasingly difficult to do everyday things around the house or you have elderly parents who seem to be struggling, as people get older they often find living at home becomes a trial. And bathing is one of the more challenging aspects of daily life for older people as they become frailer and less mobile, as well as for those affected by chronic illnesses such as osteoarthritis... The good news is there are bathing solutions available, specially designed to help people with restricted mobility to bathe or shower safely and independently, which can be a major factor in deciding whether or not someone is able to continue living in their own home”

(The Express, August 1st 2013)

Many of these advertisements assumed a natural link between age, frailty and chronic illness such as arthritis, once again re-establishing it as an ailment that is inevitable with age. These advertisements did not seek to cure arthritis; instead they attempted to solve the issues that they

felt were most challenging to those with arthritis such as reduced mobility and independence. Through attempts to reduce the effects of arthritis, these advertisements promised a more mobile and self-reliant old age. They promoted the idea of independence as achievable for older adults through the use of their products, and represented the users of their products as able to both afford and enjoy them. Therefore these advertisements linked economic prosperity in older age, with consumerism and independence. The drive towards economic prosperity and independence in later life found in these articles reflects the discourse of 'successful ageing' (introduced in Chapter One and further discussed in Chapter Six, Section 6.5).

4.4.6 Weather/environment

The weather and environment were cited as both a potential cure for arthritis, and a factor which caused or worsened it. All of the articles that cited the weather and environment as a factor in arthritis, both in terms of aggravating and relieving it, claimed that cold, damp weather made arthritis worse, whilst warm, dry weather improved it. Air pressure was also represented as a factor in two articles, with high pressure being associated with worse joint pain. In order to help improve their condition, there were numerous references to people either taking longer holidays in the winter, or permanently moving to warmer climates in order to reduce their joint pain.

"I never thought we'd walk away from this place,' says Wilson, 70, standing... in the grounds of his house in the village of Lenwade, outside Norwich. But the recent seven-month-long winters are just too much for my wife Jo's arthritis so we are going to live in a country where the climate never drops below 70F and is generally in the 80s and 90s."

(Mail on Sunday, August 4th 2013)

Worsening joint pain was often blamed on cold, wet or damp weather and environments.

"WE HAVE all heard an amateur weather forecaster grumble that a cold snap is on the way with the complaint: "I can feel it in my bones."

(The Express, March 5th 2013)

Chapter Four: The multiplicity of arthritis: Disease, condition or ailment?

Such environments were also considered to be the cause of joint pain and arthritis for others, who linked their development of arthritis to having spent long periods of time in such environments.

“His feet hurt now, and his hands. 'It's definitely arthritis,' he says. 'Fifty-five years in the darkroom, in icy wintry water’”

(The Daily Telegraph, August 17th 2013)

“Certainly illness was taken as the norm once you were over 60. I only ever knew my grandmother as bent and tormented by arthritis. It rains a good deal in Manchester, and homes, even bed-sheets, were often damp... There was no sunshine, the skies were overcast with factory smoke so she suffered from vitamin D deficiency. It's clear that environment plays a part in health.”

(The Daily Telegraph, July 26th 2013)

Environmental factors such as the weather were considered in many articles to affect arthritis, causing, worsening or alleviating the symptoms depending on the environment that a person is exposed to. The linking of such factors to arthritis demonstrates that arthritis, when considered as an ailment, is not solely about the joint itself. Rather those articles that support the concept of arthritis as an ailment often refer to broader, more holistic, conceptualisations of causes and treatments of arthritis.

Despite the numerous articles which linked arthritis and weather, others disputed such a link, denying a legitimate scientific basis for such claims.

“Many people with arthritis complain of more painful joints in winter, though it is not clear why this is. There is no evidence that joints are any more damaged by the cold.”

(The Express, November 6th 2012)

Even in articles which denied that weather affected arthritis, attempts were made to theorise why a relationship between the two was commonly reported.

“JOINT PAIN In a poll of 1000 people with joint problems, seven in 10 said cold or damp weather gives them aches and pains. One theory is that lower weather pressure allows an inflamed joint to swell more, stimulating nerve fibres”

(Daily Record, May 16th 2013)

The attempt to establish a legitimate scientific cause for the relationship between weather and arthritis in articles that expressed scepticism about a link demonstrates that the idea that the weather affects arthritis is widely culturally accepted.

4.5 Discussion

In this chapter I have demonstrated that the newspaper articles in this sample represent arthritis according to three conceptualisations - as a disease, condition or ailment. These conceptualisations have been identified by examining representations of topics in terms of causal factors, diagnosis, treatment and outcome/severity. Each of the three conceptualisations of arthritis presents the condition at a different level. Osteoarthritis as a disease is based at the level of the joint, (osteo)arthritis as a condition at the level of society and arthritis as an ailment at the level of the person. The level at which arthritis is thought to operate is a key element of difference between the conceptualisations. Such divergence demonstrates that not only are these conceptualisations different in terms of cause, diagnosis and treatment, but that they also construct arthritis in fundamentally different ways.

When conceptualised as a disease, osteoarthritis is located solely in the affected joint. The cause of arthritis is considered to be mechanical load, which can be caused by general ageing, but accelerated through overuse. The ‘wear and tear’ understanding of arthritis in which mechanical load is the cause of the disease is specific to this disease conceptualisation. The process of continued mechanical overloading over time is thought to wear out the joint, causing cartilage the

break down and the joint to deform. It is this joint-based process that it thought to be the cause of osteoarthritis as a disease.

The focus on the joint is also evident through the diagnostic and treatment processes recommended. In this conceptualisation, diagnosis is made through imaging techniques of the joint. Imaging is represented as providing a window into the biological processes; making visible the damage to the joint such as erosion, joint space narrowing and cartilage destruction. Based on the visibility of these factors, through MRI or X-ray, diagnosis of osteoarthritis can be made, and severity of disease assessed. The focus of this diagnostic process on the joint, rather than more holistic tests such as blood tests, or subjective assessments of history, pain and function (used in the conceptualisations of arthritis as an ailment or condition), echo the focus of this conceptualisation on the affected joint. Treatment also mirrors this approach, advocating joint-based strategies such as joint replacement surgery, or other joint-based surgical interventions. The aim of treatment is to reverse the damage to the joint, through replacing it or adding devices such as springs or synthetic cartilage, restoring lost mobility and reducing pain. As such, the treatment for osteoarthritis through surgery is intended to be curative, as replaced joints are not able to develop osteoarthritis again (although future replacement is sometimes required).

The consequence or outcome of osteoarthritis as a disease is variable, depending on treatment received and severity of erosion. As osteoarthritis is a joint based disease, the effect is isolated to the joint. Other wider symptoms of osteoarthritis, or social and psychological implications, are not recognised. As such, severity is measured according to the diagnostic imaging of the joint. In those who have experienced high levels of mechanical load, such as athletes, osteoarthritis can be severe, whilst those with early stage osteoarthritis may have milder symptoms. Left untreated, osteoarthritis as a disease is represented as progressing due to the continued mechanical load placed on the joint over time. As such early intervention through innovative surgery is recommended when possible.

As discussed in Chapter Three, Section 3.3, there are fewer references to the term 'wear and tear' in the sample than the literature on arthritis indicate may be expected (Ali et al., 2012; Barker et al., 2014; S. Hill et al., 2011; Loeser, 2012; Porcheret et al., 2011; Sokolove & Lepus, 2013; Turner et al., 2007). The lack of references to the term in the articles may be due to the fact that the concept of 'wear and tear' is only relevant to the joint-based conceptualisation of osteoarthritis as a disease. The other two conceptualisations of arthritis, as an ailment or condition, are not based on mechanistic explanations of joint deterioration and therefore do not feature this language.

The conceptualisation of osteoarthritis as a joint based disease has some important differences to the conceptualisation of arthritis as an ailment. When conceptualised as an ailment arthritis is considered to be the result of 'natural' ageing. Ageing is recognised as holistic, and as arthritis is felt to be part of this process, it is understood to affect the whole person, even when symptoms are experienced in a single joint. This holistic view of arthritis is in contrast with the joint-focussed perspective offered in the conceptualisation of osteoarthritis as a disease.

Further differences between the two conceptualisations are also evident. As arthritis as an ailment is part of the ageing process, no formal diagnostic process is required. Instead symptom onset 'creeps' and develops over time. Due to the assumed naturalness of arthritis as an ailment it is not 'treated' in the way that a disease is. Instead, remedies are sought which help to alleviate the symptoms and assist people in coping with the reduced mobility that arthritis can cause. The remedies suggested in Section 5.4.5 are idiosyncratic. Unlike the conceptualisation of osteoarthritis as a disease which has a definite cause and location, with treatment is directed towards this, the remedies for arthritis as an ailment are individual and holistic. A trial and error approach to arthritis remedy is recommended, where different remedies are thought to work for different individuals. The remedies, such as alternative and complementary therapies, are generally expected to work on the whole body, rather than targeting the joint. The holistic

approach is also reflected in the products advised for those with arthritis, which assist people in managing their lives with arthritis, rather seeking to 'cure' it.

As arthritis as an ailment is associated with ageing, it is thought to be continually progressive. Therefore whilst the early stages are thought of as common and mild, the later stages when people are 'really old' can be severe and debilitating. However, as age is represented as the cause of arthritis, even the severe arthritis experienced in older adulthood is represented as normal and expected, if unfortunate.

Finally, the conceptualisation of (osteo)arthritis as a condition differs from arthritis as a disease or ailment. When conceptualised as a condition, (osteo)arthritis is not only the concern of the individual, but that of the society as well. Therefore (osteo)arthritis cannot be thought of as a joint or person based condition, it is instead seen as a consequence of changes to demographics (such as the ageing population) and lifestyle, as represented as Section 5.3.1. This society based understanding of arthritis is reflected in the causal factors cited. (Osteo)arthritis as a condition is represented as having 'risk factors' rather than a single cause. Risk factors are based on the likelihood or probability of something occurring based on population data. As such, risk factors are not single causes of a health condition, but indicate an increased risk or chance of the condition developing. The use of population based risk when determining the cause of (osteo)arthritis reflects the conceptualisation of the condition as something which not only affects individuals, but also the wider population. Age is considered an unmodifiable risk factor for the development of (osteo)arthritis. Therefore many articles discussing the condition, also discussed the effect of demographic changes, such as wider population ageing, on the increased numbers of people suffering with the condition. Two modifiable risk factors are increased weight and sedentariness, whilst conversely the opposite of these, reduced weight and increased exercise, are the recommended treatment for (osteo)arthritis (see Sections 5.3.2 and 5.3.3). Like longevity,

which is attributed to the ageing population, lifestyle risk factors of obesity and sedentariness have increased, leading to an increased prevalence of (osteo)arthritis.

The effects of (osteo)arthritis are also not confined to the joint, or person. Wider factors such as social isolation, loneliness and mental health problems are linked with the condition (see Section 5.3.5). These are not only seen as negative for individuals, but are also associated with a wider burden on society in terms of cost and resources. As such, (osteo)arthritis is not only constructed as a condition of the individual, but as one of society. The differences between the three conceptualisations are summarised below in Table 4.1.

Table 4.1 Cause, diagnosis, treatment and outcome of arthritis according to the three conceptualisations of disease, condition and ailment

	Disease	Condition	Ailment
Cause	Excessive joint load caused by either exercise or age	Risk factors, some unmodifiable (e.g. age), but most modifiable (e.g. being overweight, sedentary lifestyle)	Age – a natural process
Diagnosis	Medical testing: X-ray/MRI scan	GP consultation using symptoms and history	Self-awareness of 'creeping' onset
Treatment	Surgery, injections, medication, external treatments (such as creams/lotions). Surgery is considered the most successful	Lifestyle changes (weight loss, increased exercise), combined with a multidisciplinary care approach (physiotherapy, podiatry etc. as required)	Idiosyncratic and individualistic. A holistic approach is taken looking at dietary and environmental triggers, complementary therapies and supplements recommended
Outcome	Surgical treatment is curative, however without surgery or treatment severe disablement is considered likely due to progressive nature	With lifestyle intervention symptoms can be halted or reversed, condition is not considered progressive, however wider problems recognised (e.g. social isolation, mental health problems)	Although symptoms can be managed, the ailment is considered progressive and degenerative with age. The 'very old' are likely to have disability as a result
Level of operation	Joint	Society	Person

The heterogeneity of arthritis is well recognised within the literature (Dieppe & Lohmander, 2005; Grime & Ong, 2007; Grime et al., 2010; Peat et al., 2005). Whilst some argue that the differences in arthritis presentation and symptoms of arthritis are due to the disease being at different stages or having different phenotypes (Allen & Golightly, 2015; Barr et al., 2012; Loeser, 2012; Peat et al.,

2005; Sokolove & Lepus, 2013; Thomas et al., 2014), others consider the difference to be representative of distinct disease entities (Dieppe & Lohmander, 2005). These distinct disease entities are generally classified on the basis of distribution and disease location, or theory of causation (Dieppe & Lohmander, 2005). They are therefore based on the same body knowledge - one that attributes arthritis to joint based damage. As such, although different perspectives about disease classifications and phenotypes of arthritis exist, the reality of arthritis as a joint based disease is thought to be stable. This research challenges the perception of arthritis as a solely a joint based disease. Instead it demonstrates that representations of arthritis are not singular or stable, rather they are multiple and fluid. In this section I will draw on Mol's (2002; 1999) theory of multiple ontologies to demonstrate that these three representations are more than simply different perspectives on a singular, stable entity.

Through the concept of disease enactment (Mol, 2002) explains how a disease is 'done' or carried out in practice. Mol argues that by examining enactments, one can access the ontology of that disease and that different enactments can reveal different and multiple ontologies. I have drawn on Mol's theory of multiple disease ontologies in order to explain my findings of the representation of arthritis.

There are key differences between my work exploring newspaper representation of arthritis, and Mol's work examining the ethnography of disease through enactment. Unlike Mol I have not examined enactment in practice; instead I have studied newspaper representations of the enactment. Therefore I am unable to say that the representations that I have found correspond directly to the reality experienced by those featured in the stories. However the newspaper representations found in this study are likely to present some of the dominant conceptualisations of arthritis found in society. Therefore the representations of arthritis enactments, and the three conceptualisations that emerged through the analysis of these, can provide insight into arthritis in society, albeit through the lens of the media.

Mol defines ontology as 'what belongs to the real, the conditions of possibility that we live with', and suggests that these conditions of possibility are not given, but are shaped within practices (Mol, 1999). Unlike most theories of ontology which assume that ontology precedes practice, Mol argues that practice precedes ontology (Mol, 1999). As such practice is able to shape ontology (Mol, 1999). Mol developed the theory of multiple ontologies by conducting an 'ethnography of disease' (Mol, 2002) on atherosclerosis (Mol, 2002) and hyperglycaemia (Mol & Law, 2004). She played close attention to disease enactment- how the disease is done in practice. These studies led her to argue that disease has multiple ontologies which can be examined through enactment. As such, different imaging or diagnostic techniques do not reveal simply different perspective of the same disease, but that they reveal different ontologies.

Within this study I identified many representations of arthritis enactment (or how arthritis is 'done' in practice), from different diagnostic techniques such as X-rays, GP diagnosis and self-identification, to different treatments, such as surgery, self-management and supplements. Each of these enactments stems from different bodies of knowledge about arthritis, including what arthritis is and what it means. The arthritis that is revealed through the different enactments constitutes different ontologies, and as such, arthritis is revealed as multiple.

Mol (2002) demonstrates that even within a singular body of knowledge, a disease can have multiple ontologies as it is enacted in a variety of ways. Using the example of atherosclerosis, Mol (2002) argues that the variety of tests used to identify the condition do not indicate different perspectives of the same disease (i.e. different measurements of atherosclerosis), but instead demonstrate different ontologies or realities of that disease. This is referred to as 'hanging together', and enables a disease to be seen and experience as a singular, stable entity through resolving conflict between different ontologies. In order to restore this singularity explanatory narratives, such as prioritisation (e.g. when two tests results conflict, one is prioritised over the

other), are used. This ensures that divergence is resolved, and the disease is once again restored to singularity for the patient and practitioner (Mol, 2002; Mol & Law, 2004).

Conflicts within each conceptualisation were found in this study on arthritis also, and explanatory narratives employed to resolve such conflicts. One such example is seen between diagnostic enactments of osteoarthritis as a disease. Diagnostic differences between imaging techniques used for diagnosis were apparent. Both the diagnosis itself, and the level of severity identified, can vary between the osteoarthritis identified according to X-ray or MRI scans. Such ontological differences were explained through a narrative that gave priority to results obtained from MRI scans, as these were considered to be able to show more inner structures and workings (refer to Section 5.2.3). This ability of MRI to image in greater detail was the explanation given for the difference in images, thus resolving the conflict and once again ensuring cohesion.

Therefore it is not only the bodies of knowledge that are multiple (whether arthritis is considered a disease, condition or ailment), but the enactments of arthritis within each of these bodies of knowledge are also multiple. Mol argues that disease enactments create ontologies, with a different ontology created for each enactment. As such, the different, and sometimes conflicting, enactments of arthritis within each conceptualisation can be considered a different ontology. Therefore the body of knowledge (or conceptualisation) which arthritis is based on determines the enactments possible, and what multiple ontologies exist. Therefore these multiple ontologies can be said to 'cluster' according to the body of knowledge (or conceptualisation) from which they are created. In Figure 4.2 below, the enactments that create the ontologies can be seen 'clustering' around the three conceptualisations of arthritis.

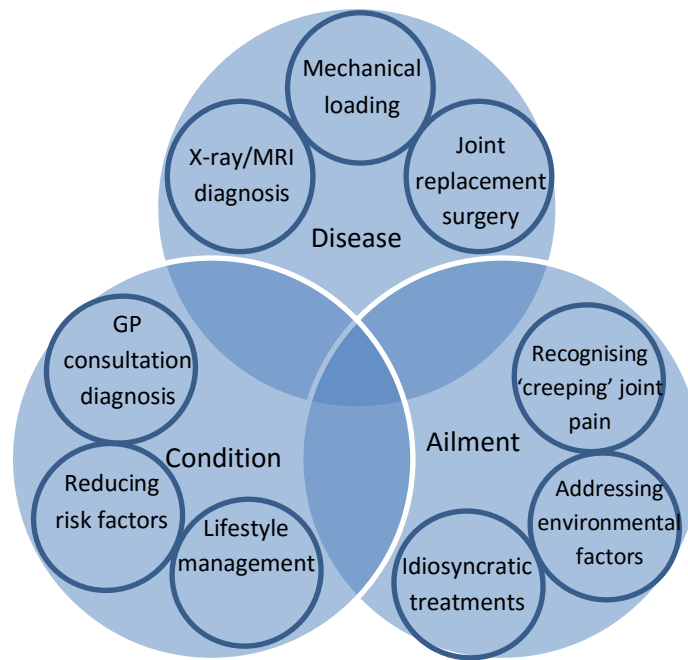


Figure 4.2 The ‘ontological clusters’ of arthritis configured around the three conceptualisations

The conceptualisation that is employed, and the meaning that underlies arthritis, shape how it is enacted, and therefore which ontologies are revealed. Whilst the process of ‘hanging together’ enables conflicts *within* each body of knowledge to be resolved, there is no such resolution *between* the bodies of knowledge.

In the case of osteoarthritis as a disease, the body of knowledge dictates that the affected joint is damaged from mechanical overload, and as such the joint is surgically replaced. However this conceptualisation of arthritis conflicts with arthritis as a condition or an ailment. When conceptualised as a condition (osteo)arthritis is caused by individual lifestyle factors, such as obesity and exercise, and it is these factors that are targeted for treatment. When conceptualised as an ailment, arthritis is considered to be a natural part of ageing, therefore remedies are thought to alleviate symptoms, not cure the arthritis. Supplements and therapies that act systemically are recommended, and changes to the environment, such as warm, dry weather. This demonstrates that although some diseases that have multiple ontologies (such as atherosclerosis)

can be still treated and experienced as a singular disease (Mol, 2002; Mol & Law, 2004), this is not the case for arthritis. The different bodies of knowledge from which multiple enactments and ontologies emerge are fundamentally opposed to one another, and therefore cannot be reconciled through the process of 'hanging together'. As such, arthritis may be considered to be multiple in more ways than one.

4.6 Conclusion

This chapter has explored how arthritis can be conceptualised in three ways, as a disease, condition or ailment. Each of these conceptualisations encompasses a particular understanding of arthritis with causal factors, diagnosis and treatment of arthritis all influenced by the level at which arthritis is thought to operate. Osteoarthritis as a disease is based at the level of the joint, (osteo)arthritis as a condition at the level of society and arthritis as an ailment at the level of the person. Such divergence demonstrates that not only are these conceptualisations different in terms of cause, diagnosis and treatment, but that they also construct arthritis in fundamentally different ways.

These three conceptualisations represent bodies of knowledge that determine how arthritis is enacted. I have used Mol's (2002) theory of multiple ontologies to demonstrate that enactments lead to different ontologies, and therefore shape the reality of a disease. The ontologies that can exist depend on how arthritis is enacted. Therefore how arthritis is perceived influences the reality of the condition. The bodies of knowledge that underpin the conceptualisations of arthritis shape what enactments of arthritis are possible, and therefore the ontologies, or realities, possible. For arthritis, these ontologies cluster around the three conceptualisations of arthritis as a disease, condition or ailment. Understanding multiple ontologies as ontological clusters helps to ensure coherence between the ontologies within each body of knowledge, and explains tensions between them.

Chapter Four: The multiplicity of arthritis: Disease, condition or ailment?

This finding shows that arthritis is not a singular condition; instead the perception, enactment and reality of arthritis are multiple. Recognising the multiplicity of arthritis may help to explain the variety of ways that patients understand their condition, and whether they engage with treatment offered. If explanations about and treatments for arthritis offered by healthcare professionals conflict with an individual's own conceptualisation and reality of their condition, it is unlikely that they will engage with the treatment process. Recognising the multiplicity of arthritis conceptualisations can therefore provide a starting point for better communication between healthcare professionals and patients. Improved communication may help to improve consultations about arthritis for both patients and healthcare professionals, and potentially increase engagement with treatment such as self-management.

The next two chapters will examine the findings from the newspaper study from a wider perspective, examining two topics that influence the representation of arthritis: disability and ageing. Chapter Five explores how disability is represented in the media, through the dichotomous presentation of disabled people as 'saints' or 'scroungers', whilst Chapter Six discusses the representation of ageing in the media through the dichotomous representation of ageing either a 'peril' or a 'promise'.

Chapter Five

Constructing disability: Saints and scroungers

Disability rights activist Susan Archibald said: "We have heard talk about 'strivers and skivers'. "One person can be a striver one day and then get made redundant. Will they be a skiver the next day? That's how easy it happens."

(Daily Record, March 31st 2013)

5.1 Introduction

The previous chapter demonstrated that arthritis is conceptualised in three ways in British print media, as a disease, condition or ailment. This chapter builds on Chapter Four by focusing on disability. It demonstrates that representations, perceptions, and understandings of disability influence how arthritis is constructed in its multiplicity. This chapter addresses research questions one and two (Chapter One, Section 1.6) namely 'what representations of arthritis exist within British media?' and 'what factors influence representations of arthritis in British media?'

This chapter presents the representation of those with disabilities generally, as well as those with arthritis specifically. General representations of disability were analysed as such representations can influence perceptions of arthritis. Understanding the provisos that are placed on disability, such as the health conditions that are represented as legitimately disabling, can provide insight into how arthritis is, and is not, constructed as a legitimate disability. In some articles arthritis was not the main focus. However, as the study inclusion criteria required that each article contained a key word relevant to arthritis (arthritis, osteoarthritis, joint pain and wear and tear), all articles contained a reference to arthritis. Throughout the chapter I make it clear whether I am

discussing representations of those with disabilities due to arthritis, or the representations of people with disabilities more broadly.

This chapter reports a key finding that the representation of people with disabilities was dichotomous, with people portrayed, as either a 'saint' and worthy of welfare support, or a 'scrounger' and undeserving of support or financial help. The notion of 'saints' and 'scroungers' in relation to the benefit and welfare system is not new, and in recent years there have been a number of television programmes, documentaries and media campaigns¹⁰ that have presented this dichotomy. This chapter will explore the concept of 'saints' by examining the representations of Paralympians, and the concept of 'scroungers' by detailing the representations of 'benefit thieves'. The concept of 'moral deservedness' for welfare support will then be discussed, where the construction of the 'deserving' or 'undeserving' disabled is examined.

5.2 Saints

Disabled people were represented as 'saints' in articles that portrayed Paralympians following the London 2012 Paralympic Games. The section first reports how these athletes were represented as 'saints', detailing the importance of the concepts of 'pain', 'suffering' and their 'story'. These concepts are then discussed in light of the 'supercrip critique' (Berger, 2008; Braye, Dixon, & Gibbons, 2013; Hardin & Hardin, 2004; Howe, 2011; Kama, 2004; Silva & Howe, 2012), a discourse that seeks to problematize media representations of people with disabilities.

¹⁰ 'Saints and Scroungers' is the title of a BBC programme following fraud officers who prosecute benefits thieves, as well as identifying those who are deemed deserving of Government help ("BBC One - Saints and Scroungers," n.d.). Channel 4's 'Benefits Street' was a documentary series that aimed to show the reality of life on benefits ("Benefits Street - Channel 4," n.d.). The Sun's 'Beat the Cheat' campaign urged readers to report those that they suspect of benefit fraud by providing a benefit fraud hotline and highlighting the 'problem' by publishing stories of benefit fraud convictions and court cases ("Blitz the £1.2bn fiddlers | The Sun | News | Politics," n.d.). This was the re-emergence of a previous campaign from 2010 ("Stop the benefits scroungers, Day 2: Readers flood hotline | The Sun | Features," n.d.).

5.2.1 The Paralympic Legacy

Data collection for this study started shortly after the London 2012 Paralympic Games. This 'mega-event' (Giulianotti, Armstrong, Hales, & Hobbs, 2014) inevitably featured in the sample of retrieved articles and influenced the media constructions of disability for a period following the event. How the London 2012 Paralympic Games changed the image of disability in society has been previously discussed (Briant et al., 2011), with some critically questioning the impact of media representations of Paralympians on those with disabilities (Braye et al., 2013; Misener, 2012; Silva & Howe, 2012; Wedgwood, 2014). Tension resides around whether the popular representations of disabled athletes work to empower or disempower people with disabilities. The debate focusses on representations that construct disabled people as 'heroic' and their feats as 'inspiring'. Whilst such constructions regularly underlie media representation of people with disabilities, the intense media focus on disability during and after the London 2012 Paralympic Games arguably increased the frequency of such representations. This caused a subsequent increase in the prominence of the tensions surrounding them.

In this section I examine media representations of Paralympians. First I explore disability in the broader sense, examining the portrayal of the Paralympic athletes. I assess how disability is constructed as a 'battle' through the use of references to 'pain' and 'suffering' and then detail how a 'story' of disability is created, and the role that such 'stories' play. Secondly I examine the construction of arthritis in Paralympic media coverage. Using the case of Pamela Relph, I demonstrate how conditions that are not considered disabling, and therefore could potentially be disputed, are legitimised within the media coverage. Finally, I discuss the above findings in light of the 'supercrip critique', a broad body of literature that discusses how those with disabilities, particularly athletes such as Paralympians, can be represented in the popular press. These representations of Paralympic athletes are then compared to those of Olympic athletes, to

explore differences between them, and the implications such differences have on understandings of disability.

5.2.1.1 Pain, suffering and the 'battle' of disability

A central tenet of media representations of Paralympians is the importance of determination and ability to withstand pain and 'suffering' for Para-athletes. References to pain and suffering were common in all of the articles that discuss Paralympians. The pain and suffering was constructed as both an expected and essential part of being a Paralympic athlete, as can be seen in this quotation from Paralympian David Smith:

"I was digging so deep and I've never felt pain like it but that's what it's all about at this level."

(Daily Record, September 5th 2012)

Similar sentiments about pain and suffering for the sport were expressed by other Paralympic athletes:

"Relph, like her team-mates, said she had 'never been in as much pain'"

(Daily Telegraph, 3rd September 2012)

Whilst the expression of pain during professional sporting competition may be a familiar experience for any athlete, and not unique to Paralympians, I argue that how the pain and suffering is represented is exclusive to disabled athletes. Pain and suffering for Paralympians was not represented as a merely physical consequence of the demands placed on their body due to high level competition. It was also represented as being a mirror for their life with disability.

"“I was in such pain I could not give any more yet I just managed to find another gear, that extra one per cent when we hit the noise," said Smith. The roar also forced him to think of

everything he had been through in the last two years, the most demanding of a very hard life.'

(The Daily Telegraph, September 3rd 2012)

The representation of this physical suffering was set alongside the emotional 'pain' and 'suffering' that Paralympians were depicted as experiencing due to having a disability. The juxtaposition of these two types of pain and suffering was common throughout the media sample. The reason for presenting the information in this way is two-fold. First, it allows two types of pain and suffering (one physical and the other emotional), to be understood alongside one another. Whilst the articles stop short of making a direct comparison between the two, the placement of the two concepts in the same article encourages readers to understand one in relation to the other. Second, the pain and suffering of living with a disability was depicted as providing both the driving force for the Paralympians to succeed, and the preparation for the physical demands of the event.

"He was determined not to give up his two-decade life in sport, so determined to make one more unfeasible comeback – "Nothing could be as hard as learning to walk", as he put it."

(The Daily Telegraph, September 3rd 2012)

In addition to portraying 'pain' and 'suffering' as expected features of life for those with disabilities, life was also conceptualised as a 'battle'. The 'battle' metaphor for life with disability was expressed by both journalists and Paralympians themselves, demonstrating the prevalence of such language.

"Smith has always been battling ever since he was born with both feet facing backwards"

(The Daily Telegraph, September 3rd 2012)

“I’m proud to have done it for all the other guys who have been injured who are fighting that battle now”

(Daily Telegraph, 3rd September 2012)

When life is conceptualised as a ‘battle’, disability is constructed as something to be overcome and fought against. The capacity to ‘overcome’ disability was represented as a positive attribute, and something to be celebrated.

“His entire team overcame severe problems to succeed”

(Daily Record, September 5th 2012)

These reconstructions of ‘pain’, ‘suffering’, and life as a ‘battle’ have implications for perceptions and expectations of disability and the disabled in society. Such constructions normalise pain and suffering as an expected part of disability, reconfiguring such experiences as unproblematic. These attitudes towards pain can have negative consequences for those with disabling chronic illnesses. The expectation that pain is ‘part and parcel’ of the condition may reduce people’s likelihood to seek help, or willingness to communicate with others about their experience. Such expectations can result in the potential negative consequences of pain to be underestimated. Thus those who are unable to ‘cope’ with such pain and disability may be negatively perceived (Silva & Howe, 2012). Likewise, the presentation of disability as a battle to be fought and overcome may too have negative implications for those living with disabilities. The metaphor of life with disability as a ‘battle’, and the associated expectation that people should ‘fight’ against their disability both normalise struggle. These constructions place the burden of ‘overcoming’ the challenges of living with a disability on the individual, reconfiguring disability as an individual’s responsibility. Such perspectives have the potential to reinforce inequality by ignoring the impact of structural and environmental discrimination faced by those with disability.

5.2.1.2 The creation of the 'story' of disability

The configuration of disability being a 'battle' is mobilised through the creation of the 'story' of disability. A Paralympian's 'story' is a narrative that explains their disability, and how they came to be a Paralympic athlete. These stories follow similar narrative structures, with the challenges faced by the Paralympians in their journey to become athletes detailed, and their lives with disability subsequently reconstructed as a 'battle'. These stories were offered as an explanation for their achievements in sport, and were prolific in the popular press.

“And as the Scot related his incredible story, yet another of those tales which leave you humbled, it dawned how he and his crewmates found the heart to forge ahead and win the day by a couple of seconds”

(The Daily Telegraph, September 3rd 2012)

Here the link between the 'incredible story' and the achievement of a Paralympic gold medal is inextricably made. The 'story' and achievement are represented as intertwined and dependent on one another. Additionally, the reference to this 'tale' being 'yet another', demonstrates not only the prevalence of such stories, but also the importance placed on them for the context in which to understand the success of the athletes.

The proliferation of Paralympians' 'stories' in newspaper coverage suggests that these may form what Kitzinger (2000) referred to as a 'template' for media coverage of Para-sport. A 'template' is a particular discourse that is narrated about a topic that informs and shapes current and future media coverage. Whilst some Paralympians may elect to describe their life as a 'battle', or narrate it in the form of a 'story', this may not be true for all. As such, the 'stories' do not necessarily represent Paralympians in the manner of their choosing, rather they contain the language and narrative about disability that newspapers deem to be important, relevant and permitted.

According to Peers (2009) the effect of such stories being told and retold about disability reinforces the notion of disability as a tragedy. Each news story that employs the narrative of a 'heroic' Paralympian able to 'overcome' their disability is reproducing this idea (Hardin & Hardin, 2004). Such constraining narratives can reduce those with disabilities to 'tragic disabled objects' (Purdue & Howe, 2012), lauding those who have managed to 'overcome' their disability as 'heroes', or pitying those who have not as 'tragedies' (Peers, 2009).

5.2.1.3 Establishing legitimacy

For those whose disabilities are not visible or well understood the role of such narratives become more essential. In such cases, the 'story' plays a critical role, helping to establish the legitimacy of the athlete whilst also celebrating their 'heroic' status. The establishment of legitimacy can be seen in the case of Pamela Relph, a rower who won Paralympic gold as part of the coxed four rowing event. Relph has arthritis, a condition that is invisible and, as demonstrated in Chapter Four, can be understood differently according to the knowledge and meanings ascribed to it. Therefore arthritis may be perceived by the general public as dubious both in terms of 'disabling conditions', and the legitimacy of it as a discrete, identifiable condition. The uncertainty around the inclusion of someone with arthritis in the Paralympics can be seen through Relph's own words:

"I thought to be in the Paralympics you had to have limbs missing or some obvious physical disability"

(Daily Star, 21st April 2013)

Relph's legitimacy to compete in the Paralympics was established and conveyed using the same narrative structures that were employed for the other Paralympians - the use of language around pain and suffering, and the creation of a 'story'. However for Relph, the pain and suffering associated with the condition are not assumed, they were instead made explicit in the text.

“[I]magine the pain of young Relph... because of chronic arthritis”

(The Daily Telegraph, 3rd September 2012)

Her ‘suffering’ was also reinforced through the use of adjectives to describe her arthritis, which is described variously as ‘crippling’ (Daily Mail, 3rd September 2012), ‘chronic’ (The Daily Telegraph, 3rd September 2012), ‘severe’ (The Times, 3rd September 2012), and ‘acute’ (Daily Record, 5th September 2012). The use of such language reconfirms Relph’s condition as one that is severe enough to be disabling, and therefore helps to establish her right and legitimacy to compete in the Paralympics. The use of severity to establish legitimacy is discussed in more detail in Section 5.5.

There are also some notable differences between Relph’s ‘story’ and that of other Paralympians in terms of the consequences of disability. As arthritis may not be considered legitimately disabling (Charmaz & Rosenfeld, 2006; Hill et al., 2011), the effect of the condition on her life was declared repeatedly. The establishment of consequence was enacted through the mention of Relph’s army career from which she was medically discharged due to her arthritis.

“Pam Relph has acute arthritis, which led to her being discharged from the Army, while Naomi Riches and James Roe are both visually impaired”

(Daily Record, 5th September 2012).

Other Paralympians who have invisible conditions, such as Relph’s teammates Naomi Riches and James Roe who are visually impaired, also required their legitimacy to be established through confirmation of their condition.

“For Riches, who is visually impaired, like Roe, after having cone dystrophy, a condition of the retina, diagnosed when she was a baby, it was just reward for four years of devotion”

(The Times, September 3rd, 2012)

However, unlike Relph, the disabling consequences of their conditions were not mentioned, but assumed to be obvious. As such, this additional factor of including the consequence of her condition is unique to Relph to ensure that her 'story' was able to legitimise her condition as adequately disabling and thus establish her authenticity as a Paralympian. The pervasiveness of this particular 'story' in articles that mention Relph demonstrates the perceived doubt of arthritis as a legitimately disabling condition.

Such 'stories' highlight the work that must be undertaken for those with misunderstood or invisible conditions such as arthritis to be accepted as 'genuinely disabled' (Lightman, Vick, Herd, & Mitchell, 2009). Whilst this work is often considered to be undertaken by those with the condition themselves (Lightman et al., 2009), this section has demonstrated that those who represent such people, such as journalists, must also undertake similar work in order to establish legitimacy on their behalf. The establishment of legitimacy is a key method of demonstrating 'deservedness'.

5.2.1.4 The 'supercrip' critique

The construction of Paralympic athletes as heroes, through the detailing of their pain, suffering and 'story' form part of the critique of media representation of Paralympic athletes as 'supercrips'. The basis for the 'supercrip' critique is the portrayal and understanding of disability as 'nothing more than a problem' (Stiker, 1999; Titchkosky, 2007, in Silva & Howe, 2012). This understanding of disability leads to the encouragement of those with disabilities to 'fight' against and 'overcome' them. There are two main branches of this critique. Firstly, it refers to people with disabilities being praised for achieving normal, everyday tasks that people without disability take for granted (Kama, 2004; Silva & Howe, 2012). This is based on the underlying low expectations that society has for those with disabilities. Secondly, this critique refers to the idea that there are people who through 'courage, dedication and hard work' are able to 'overcome' their disabilities (Berger, 2008). Such people are represented as able to 'defy the odds and accomplish the

impossible' (Berger, 2008). The discussion around Paralympians is centred on the second branch of this critique, a discourse which Kama (2004) claims places achievements of people with disabilities on a pedestal, revering their accomplishments as an example to all with disabilities.

Although there are many positive aspects of the increased popularity of Para-sport and the trope of the 'competitive disabled athlete', such as better awareness and visibility of disabled people in the popular press (Berger, 2008); the dominant view in disability studies is that this discourse can be disempowering (Berger, 2008). Silva and Howe (2012) draw on Stuart Hall's concept of 'othering' to illuminate both the stereotype that is created of disabled people 'fighting' against impairment, and the disempowering consequences of it. 'Othering' is the process through which differences are exaggerated, and similarities are ignored, in order to create distance between oneself and a person who is considered less socially desirable (Hall, 2003). Silva and Howe's (2012) work illustrates the difference in media representation between disabled and non-disabled athletes. They claim that the media represent people with disabilities from an able-bodied perspective, assuming that disability and impairment is necessarily negative and undesirable (Silva & Howe, 2012).

Media representation of Paralympians differs from that of Olympians. Paralympians are identified as disabled before being considered as athletes, whereas Olympians are identified solely as athletes. The disparity in representation was visible in the introduction of Paralympians as their condition was used as an identifier in addition to the usual identifiers of name and age. This establishes the individual as a disabled person first, athlete second.

“Relph, 22, who suffers from crippling arthritis”

(Daily Mail, 3rd September 2012)

The construction of the Paralympics in opposition to the Olympics was also expressed in other ways. Smith, part of the coxed mixed four rowing team, had previously represented Britain in other sports prior to becoming a Paralympian.

“Somehow, later he carved out a career in international able-bodied sport in karate and bobsleigh even when suffering from terrible back pain.”

(The Daily Telegraph, September 3rd 2012 [emphasis my own])

That a Paralympic athlete competed in an ‘able-bodied’ sport is made remarkable by the word ‘somehow’, and the reference to Smith’s ‘back pain’ demonstrates that it is their disability, rather than their role as an athlete, that is the principal identifier for such individuals.

The comparison between Olympic and Paralympic sport can also be seen in the case of Relph, where her transition from Army career to Paralympic rower is contrasted with that of her sister’s Olympic ambitions. Relph was represented as a beginner in the sport, yet qualified swiftly for the Paralympics team, in comparison to her sister who was represented as an elite rower who failed to qualify.

“Two weeks later, despite never having sat in a boat before, she was training with the GB Paralympic team, qualifying for the mixed coxed four event... Monica, an elite rower, introduced her to the sport but failed to qualify for the Olympics herself”

(Daily Star Sunday, 21st April, 2013)

Therefore Relph’s condition, rather than experience, is seen as the essential qualification characteristic. This representation constructs the identity of Paralympic and Olympic athletes dissimilarly. This difference is then highlighted through the close placement of the statements in the text. Differences between able-bodied and disabled athletes are therefore magnified through the use of disability as an identifier for Paralympians, and contrasting the Paralympics with the Olympics throughout media coverage. Through discussing the Paralympics in the context of the

Olympics, or comparing the two, the dominant discourse of the false binary between abled/disabled is reinforced. This perpetuates myths around disability and reinforces its construction as 'otherness' - a state which is divergent from 'normal' (Silva & Howe, 2012).

The representations of Paralympic athletes in newspaper stories have very real implications for societal understandings of disability and disabling conditions such as arthritis. Media representations of people with disabilities as 'saints' may appear to be positive, however such representations can have negative effects through reinforcing division within the disabled population. Those who have the 'grit' and 'determination' to 'overcome' their disability may be considered worthy of such accolades, whereas those who are unable to may not be. The framing of articles in a 'triumph over adversity' narrative schema, and the associated understandings of disability as 'nothing more than a problem' perpetuate discourses that deny vulnerability and ignore the difficulties faced by people with disabilities (Stiker, 1999; Titchkosky, 2007 in Silva & Howe, 2012). This leads to the expectation of disability being an individual's responsibility. Such perspectives may reduce the support provided for those with disabilities, with no acknowledgement or understanding of the difficulties and discrimination faced by many. As such, disabled people who are not seen to be 'fighting' hard enough against their impairment may be considered to be 'undeserving' of support, and recast as a 'scrounger'. Section 5.3 below now turns to discourses around disability and 'scroungers' in British print media.

5.3 Scroungers

A common media representation of people with disabilities is as 'benefit cheats', who are constructed as 'scroungers' (Briant et al., 2011; Garthwaite, 2011, 2014, 2015; Grover & Piggott, 2010; Larsen & Dejgaard, 2013; McEnhill & Byrne, 2014; Wiggan, 2012). Benefit fraud is represented in some news publications as widespread and increasing (Briant et al., 2011). It is also cited as a factor in increased welfare spending, and therefore used to justify escalated benefit testing (Briant et al., 2011; McEnhill & Byrne, 2014). As such it is commonly represented as a large

problem, both in terms of scale and financial consequence (Briant et al., 2011; Garthwaite, 2011; McEnhill & Byrne, 2014). This section will explore the media representation of benefit fraud, through the portrayal of 'benefit cheats', and will examine the influence of such media representation on disability generally, and arthritis specifically.

5.3.1 Benefit fraud

A strong theme that emerged from the findings was the reporting of benefit fraud and the notion of 'benefit cheats'. In this section I will explore the media representation of these concepts by examining which newspapers published stories on the topics, how they were represented, the main themes that emerged and what language and narrative structures were used to what effect.

5.3.1.1 Newspaper coverage

The theme of benefit fraud emerged both through articles that reported on the topic specifically, and those that discussed the topic in the context of a wider discussion. This section focuses on analysis of articles that specifically discussed cases of benefit fraud. The newspapers that had articles dedicated to benefit fraud stories were: Daily Mail, Daily Record, Daily Star, Daily Express, Daily Mirror, The Daily Telegraph and The Sun. These publications are all politically right leaning (with the exception of the Daily Mirror) and middle market or tabloid newspapers (with the exception of the Daily Telegraph). The spread of newspapers covering such stories reflects other research, and popular opinion, that suggests this type of article features in politically right leaning, tabloid newspapers (McEnhill & Byrne, 2014). There was a large amount of crossover in the sample, with individual cases covered in multiple newspapers. Most of the articles followed a similar theme, with arthritis being the condition for which benefits were fraudulently claimed. The one exception was an article that featured a mother who claimed benefits on behalf of her children. Whilst in this article arthritis was not the cause of the fraudulent claim, it featured in the article as a condition that her husband claimed benefits for, and was therefore presented as a potentially fraudulent claim in light of wider fraudulent activity.

5.3.1.2 Narrative schema

All of the articles in the theme of ‘benefit’ fraud had a similar narrative schema. I used a combination of narrative analyse to analyse these articles. First I used Labov’s narrative approach (detailed in Chapter Two, Section 2.6.2.2) to identify the six main components of each story. Secondly I undertook a more general narrative analysis, which helped to identify the final element in the stories, ‘the element of interest’. In this section, each element and its function in the text is discussed in turn.

Six elements of a story

Labov’s six elements of a story are abstract, orientation, complicating action, evaluation, resolution and coda (see Chapter Two, Table 2.3). Each of these elements is discussed in reference to the function in the articles, and examples from the text are given for each.

Abstract

In newspaper articles, the heading and/or subheading of the article has the function of the abstract, conveying a summary of the story.

“BARMAID PULLED A FAST ONE;

£11k arthritis benefit con”

(Daily Star, August 30th 2013)

In addition to providing an outline of the story, the newspaper headline has to capture the attention of the reader. Therefore headlines are often dramatic, comedic or sensationalist and commonly use bold font and uppercase lettering to create reader interest in the story.

Orientation

The orientation is found in the opening statements of an article, and introduces the main character of the narrative (the ‘benefit cheat’), and their claim:

“A WELFARE cheat who claimed £21,000 in incapacity payments was caught working as a boxing coach. Mark Ashman, 51, said he had crippling arthritis but investigators filmed him sparring in the ring.”

(Daily Mirror, August 17th 2013)

Particular details or information about the person are included, such as occupation (particularly if relevant to the claim or considered ironic), hobbies (particularly if associated with the claimants being ‘caught’), age and home town.

“AN ex-mayor who fiddled benefits... Jill Trehwella, 59, a town councillor at St Austell, Cornwall”

(Daily Express, September 20th 2012)

Introducing the person in this way provides a cue for how readers are to interpret the rest of the article. By identifying the main character as a ‘benefit cheat’, they are cast in the role of the ‘villain’. Thus the selection of contextual information is provided to confirm this role and make the fraud seem either more audacious or shocking.

Complicating action

The turning point in these stories is the claimant being ‘caught out’:

“But the martial arts instructor was caught in an undercover sting operation by the Department for Work and Pensions working as a judo teacher”

(The Daily Express, March 19th 2013)

The articles detail a number of methods for this occurring, including undercover ‘stings’ by the Department for Work and Pensions (DWP), DWP investigations, internet searches, film footage, colleagues collecting evidence, anonymous tip offs and sports event photography. The methods by which claimants are caught are used to create excitement in the story, with the covert nature of such operations emphasised.

“An anonymous caller rang the benefits cheats hotline to report Lewis, 59, for working behind the bar... Magistrates heard she falsely claimed £11,647 in Disability Living Allowance between January 2000 and April 2013. Helen Tench, prosecuting, said: "The Department for Work and Pensions received anonymous tip-off on their benefits cheats hotline, sparking an investigation.”

(Daily Star, August 30th 2013)

The emphasis on covert operations to catch ‘benefit cheats’ has the additional function of creating an air of suspicion about benefit claimants. This reinforces the idea that not only could any benefit claim be fraudulent, but also that anybody could (and should) be watching and reporting suspicions.

Evaluation

The evaluation of the story is revealed through quotations delivered by other people involved or interested in the case, such as Magistrates, solicitors and spokespeople from the DWP.

"A [DWP] spokesman said... “He said he had pads in his shoes to support his legs and he would fall without support and painkillers. It was all a lie. We caught him bang to rights teaching a judo class.”"

(Daily Mirror, March 19th 2013)

Quotations are commonly used to express the evaluation for two reasons. First, they are used to give weight to the statement. Quotations are taken from people considered to have expertise, such as those thought to have knowledge about the case, increasing the credibility of the story. Secondly, quotations are intended by journalists to represent objective knowledge, giving the impression of journalistic neutrality. The evaluation is therefore an essential part of a story as it portrays not only the reason for the story being worthwhile and credible, but also gives an

indication to the reader as to how to interpret the story themselves. As such the spokespeople quoted openly express their judgement on the case, encouraging the reader to adopt this perspective also.

“Mark Ashman, 51, from Wolverhampton, could now face jail after the town's magistrates told him: "What you did was disgusting."

(Daily Star, August 17th 2013)

The selective use of quotations that support the newspaper's perspective therefore allow evaluation on the story to be expressed, without requiring the newspaper to make such comments themselves, seemingly not compromising journalistic objectivity.

Result/resolution

The result or resolution of the story is often the action being taken against the claimant, such as impending court cases or the sentences and fines given in cases that have already been to court.

“Jailing Davis for eight months, Judge Sean Morris told her he would have locked her up for longer if he had the power.”

(Daily Mirror, June 6th 2013)

In addition to the court-related resolution of the case, details of personal outcomes from the fraud are detailed in some articles, such as job loss and relationship problems.

“He lost his DWP job because of the offence and he and Claire, who have two children and married in 2010, have now separated.”

(Daily Record, September 1st 2012)

The personal consequences of being accused or convicted or benefit fraud are portrayed as an additional form of justice, and provided a complete resolution of the story.

Coda

The coda is the final statement on a story, which has the function of bringing the story to a satisfactory ending for the reader. In these articles the 'coda' is achieved through a final statement which, like the 'evaluation' of the story, is delivered through the use of quotations. Using quotations for the coda once again enables newspapers to make their position on the topic clear through the implication of their perspective rather than overt statements. The final statement often uses the singular case of benefit fraud reported to make a wider point about the frequency, effect and cost of benefit fraud at a societal level. Such statements are used to mobilise wider political agendas such as a call for welfare reform.

"Judge Simon Killeen said: "What you did has a domino effect on others who are making a legitimate claim." ... Minister for Welfare Reform Lord Freud said: "It is cases like these that show us why welfare reform is needed. We have a duty to make sure benefits only go to those who need them.""

(Daily Express, March 19th 2013)

The above comments from Lord Freud were made about a single case in which a Judo instructor was convicted of fraudulently claiming benefits. This story was reported in four of the newspapers, and each article used Lord Freud's comments as the 'coda' at the end of the story.

Whilst the final statements are not usually made by publications themselves, one notable exception can be seen in the case of The Sun newspaper. This publication chose to take a stand against benefit fraud by launching the 'Beat the Cheat' campaign which frequently exposed 'benefit cheats', and reported on cases relating to benefit fraud. As this editorial line against benefit fraud was agreed, The Sun was able to deliver the final coda in an article themselves:

“The case is the latest example of shocking benefit fraud across the country being highlighted by The Sun.”

(The Sun, March 19th 2013)

This final statement makes clear both The Sun’s position on the individual case of benefit fraud reported, and its opinion on the wider discussion of the scale of benefit fraud in Britain.

The element of interest

In addition to the six elements described above, I identified that many of the articles featured an additional element that added to the ‘newsworthiness’ of the article. This element of newsworthiness was not included in Labov’s analysis, however may be a useful additional element of analysis when examining media articles from a Labovian perspective.

Newsworthiness is the judgement of whether an article is worthy of publication according to an individual ‘list’ of news values (Bednarek & Caple, 2014). These values are not fixed and vary over time and according to publication. These additional elements include aspects of irony, poetic justice, or details included to vilify the ‘benefit cheat’.

“AN ex-mayor who fiddled benefits by insisting she was in too much pain to walk because of a bad leg will now have to wear an electronic tag - on the same limb.”

(Daily Express, September 20th 2012)

“A SHAMED music teacher who married a former pupil was yesterday found guilty of scamming thousands of pounds in disability allowance. John Forrester - who had been working for the Department of Work and Pensions in Aberdeen after losing his teaching job over his relationship with 16-year-old Claire Bennett - claimed he was in agony from osteoarthritis.”

(Daily Record, September 1st 2012)

Such additional details are included as they added to the interest, uniqueness and entertainment of the story. This prevents the article being a mere report on the facts, potentially increasing reader engagement with it.

5.3.1.3 Language

The language employed in the articles about disability helps to reinforce the newspapers' perspective on the topic of benefit fraud, aiming to establish the difference between the 'deserving' and 'undeserving' in relation to welfare support. The term 'cripple' was used as both a noun and an adjective in the articles, and was the most common descriptive term used throughout the articles. The use of the term 'cripple' as an adjective was employed in headlines to describe the claimant.

“BENEFIT CRIPPLE IS A BLACK BELT JUDO ACE”

(Daily Star, March 19th 2013)

The term 'crippling' was used to describe the pain that the 'benefit cheat' claimed to experience, whilst the term 'crippled' referred to the effects of the condition and the level of disability experienced.

“Lying Mark Ashman, 51, raked in £21,742.48 in disability benefits after telling welfare bosses he had crippling arthritis.”

(The Sun, August 17th 2013)

“A BENEFITS cheat who raked in more than £18,000 after claiming to be crippled was caught on camera throwing students around as a judo instructor. “

(The Sun, March 19th 2013)

The use of language such as 'cripple' was juxtaposed with details of the claimant's fraud, such as their actual physical capabilities. This works to illuminate the difference between their claim and reality. Such differences are reinforced through the use of adjective variations on the term (such

as 'crippling'), which results in the claim being represented as shocking and deplorable. The language used to describe the apparent pain of the claimant includes 'agony', 'agonising' and 'constant', and their arthritis is described as both 'acute' and 'chronic'. These terms emphasise the severity of the condition that the 'benefit cheat' was claiming for, once again stressing the difference between the claim and reality.

Descriptions of the apparent consequence of arthritis were also common, with references to the claimants being 'unable to walk' and 'almost' or 'practically' 'wheelchair bound'. The level of care required for such disability was also mentioned, with claimants being apparently unable to wash, go to the toilet or leave their house unaccompanied.

"Fraudster David Roberts, 47, received the highest rate of mobility-based disability allowance - insisting he was practically wheelchair-bound and could not even wash or go to the toilet by himself."

(The Sun, March 19th 2013)

The use of such descriptions allows insight into what is considered a 'legitimate' disability. The many references to the apparent inability of the claimant to walk or look after themselves indicate that such difficulties are key indicators of legitimate disability. The frequency with which wheelchairs are mentioned indicate that this physical object is seen as an important identifier of 'genuine' disability.

The descriptions of pain and disability are juxtaposed with the various terms used to describe the claimants and their actions in the articles. The claimants were described variously as 'shamed', 'fraudster', 'cheat', 'sly', and 'lying', and their actions to claim such funds illegitimately as 'pulling a fast one', 'pocketed', 'swindled', 'raking in', 'fiddled' and 'scam'.

“A BENEFITS cheat, who claimed £17,000 complaining he could walk only a few yards, ran a HALFMARATHON. Sly Noel Sanders walked free from court, despite being photographed during his 13-mile feat.”

(The Sun, August 25th 2013)

These terms indicate that not only the articles do the articles judge the character of the claimants, casting them within the discourse of ‘scrounger’, they also imply that those accused of benefit fraud have intentionally and illegitimately claimed benefits. However the majority of the articles in the sample featured claimants who were accused of not notifying the authorities of a change in circumstances such as an improvement in the condition, rather than for making claims that were always illegitimate.

"Lewis began claiming Disability Living Allowance in July 1995 and at the time this was genuine. However it was discovered that she had had three operations on her condition and would have no longer been able to claim the benefits."

(Daily Star, August 30th 2013)

Despite most articles referring to claimants who were originally legitimate, the tone of the articles does not reflect this fact. Instead all ‘benefit cheats’ are represented as decisively defrauding the ‘state’, and discursively cast as ‘scroungers’.

5.3.1.4 Constructing ‘benefit cheats’

There is a high degree of similarity between the articles included in this sample about benefit fraud; the reasons for this are threefold. First, the likeness is due to the articles appearing in newspapers of mostly similar political persuasion (right leaning) and genre (tabloid and middle market newspapers). Newspapers represent a specific genre and style of communication. Whilst the basic components of such stories often mirror other forms of narrative, evident in the storied

schema, the language and structure of newspapers articles are unique to this form of communication. The space restrictive nature of newspapers requires that text is concise and to the point, a requirement visible particularly in headlines, which are commonly short, contain missing additional grammatical words and feature stacked nouns (a list of nouns in a sentence without joining words to reduce the length of the headline and increase the ambiguity). Such stylistic features not only ensure that text is short, but also create immediacy in the message. This feature is reinforced through the use of language, with articles containing strong connotations and present tense writing. The content of the article is also shaped by the medium in which it is communicated. The requirement to attract interest, communicate quickly and garner popular opinion all influence the choice of language and structure used in the articles. As such, strong language is used in short affirmative statements which reflect the popular opinion of the readership. These factors are particularly true for tabloid and, to a lesser extent, middle market newspapers. This increases the homogeneity of articles found in these publications, and makes such newspaper articles easily identifiable compared to other media forms.

Second, the use of similar structures and language in the construction of articles about a topic enable newspapers to create an easily recognisable 'type' of story. For these articles about benefit fraud, this is achieved through the employment of a particular schema (Section 5.3.1.2.) and choice of language (Section 5.3.1.3.). The creation of a 'type' of story enables readers to recognise similar stories, and anticipate the structure and language that such stories will contain. This constructs a dominant discourse about benefit fraud which is in keeping with the publication's wider perspective on the topic. Finally, many of the articles in the sample reported on the same stories, with one story being reported in four different newspapers. This resulted in articles not only being structurally similar, but that much of the content (such as use of quotations) was identical.

The language used to describe the arthritis and subsequent disability that the claimants alleged aimed to reinforce the difference between those considered to be 'deserving' and 'undeserving' of benefits. Terms such as 'wheelchair bound' and 'cripple' are used to strengthen the idea of the 'deserving' of being unfortunate victims of disability, and emphasise a lack of independence. Such language not only creates a false dichotomy between the 'deserving' and 'undeserving', but also underpins negative stereotyping of those with disabilities. Furthermore, as particular descriptions of pain and immobility have been associated with those considered 'benefit cheats', others who use such terms to communicate about their arthritis may subsequently be subject to suspicion. Therefore the legitimacy of those currently claiming benefits for arthritis may be undermined through the use of such language. The fact that people can apparently 'fake' such conditions calls into question not only the legitimacy of individuals featured in the articles, but also the legitimacy of arthritis itself.

The devices used to create an easily recognisable narrative of 'benefit cheats', combined with the widespread reporting across multiple newspapers of singular cases, work to amplify the issue of benefit fraud. Furthermore, the language used in these articles, and the descriptions of the claimants and their actions, contribute to an underlying discourse which portrays the benefit system as poorly run and unsustainable. This discourse is emphasised through the use of terms which highlight the state-run nature of the welfare system, such as benefits being 'state hand-outs' (Daily Mail, May 24th 2013) and claimants 'swindling' and 'defrauding the state' (Daily Mirror, June 6th 2013). Such discourse is further supported through the contrast made between the incomes of 'benefit cheats', which is reportedly high, to that of 'a taxpaying worker' (Daily Mail, May 24th 2013), which is reportedly lower. The amplification of the issue of benefit fraud, combined with the use of language in the articles, create the impression that the 'problem' of benefit fraud is common and extensive, reshaping it as a big issue for society that requires action through radical welfare reform.

5.4 The morality of deservedness

This chapter has so far reported how people with disabilities, including those with arthritis, are constructed in newspaper reporting as either ‘saints’ or ‘scroungers’. This section will demonstrate that the foundation of this dichotomous construction resides on the moral judgement of deservedness. The ‘deservedness’ discussed in this section relates to those considered either ‘deserving’ or ‘undeserving’ of welfare support. Whilst the ‘deservedness’ is presented in the context of benefits and welfare, this section argues that such constructions have far reaching implications, affecting those with illness and disability who are not in receipt of, or attempting to claim, benefits.

The discourse of ‘deservedness’ in relation to welfare support is evident through current policy, particularly in documents relating the contemporary welfare reform (HM Government, 2012). Such constructions are also reflected in the popular press (Valentine & Harris, 2014). The language of this contemporary discourse is reminiscent of the discourse of the ‘deserving’ and ‘undeserving’ poor in Victorian Britain that was evident in policies of the time such as the New Poor Law (Price, 2011). Both of these discourses are based on similar rhetoric, including the morality of work, the perception of welfare dependence as a lifestyle choice and the principle of less eligibility. Each of these ideologies will be explored in this section by examining contemporary welfare reform that enforces the principle of less eligibility, how the discourse of ‘deservedness’ is constructed through work and the construction of benefits as ‘lifestyle’.

5.4.1 Welfare reform

There were a number of welfare reforms introduced during the period of this study, including the removal of the council tax subsidy, introduction of the Under Occupancy Penalty (commonly known as the ‘Bedroom Tax’) and the introduction of Personal Independence payments. Whilst each of these are discussed in the articles, this section will focus on one welfare reform that is salient to the construction of ‘deservedness’ in my study - the introduction of work capability

assessments (WCA) for those claiming Employment and Support Allowance (ESA) (formally known as incapacity benefit).

WCAs were introduced under the Welfare Act 2012 (H M Government, 2012) to determine eligibility for benefit support, the duration of support required, and the ability of those being assessed to undertake work. The introduction of such testing suggests that a proportion of people currently claiming are able to work, and thus not 'deserving' of such support. Although such suggestions were presented by Government spokespeople in a discourse of fairness and support:

"A DWP spokesman said: "It's unfair that in the past, people were abandoned to a lifetime on benefits, without any checks to see if they could, with the right support, go back to work.""

(Daily Record, January 31st 2013)

The assumption that people will claim benefits in order to avoid work was the founding belief on which the Victorian 'principle of less eligibility' was introduced. This principle assumes that people will illegitimately claim benefits if they are able to, and as such life on benefits should not be as comfortable as life in work. This principle was also used to justify the introduction of a benefits cap that was intended to ensure that those claiming benefits cannot claim more than the average working family. Discourse about the benefits cap supports the construction of those currently claiming more than the cap as 'undeserving':

"Despite the amount being more than many working families receive, Clare Bache insists she should be able to hold on to the additional £600 in handouts she is picking up now. That sum will be taken away from July 15 as the Government moves to ensure benefit claimants are no better off than the average family on £32,000 a year before tax."

(Daily Mail, June 12th 2013)

In addition to the benefits cap, the introduction of WCAs was also based on the principle that people will illegitimately claim welfare support if able to. The enforcement of testing for those currently claiming assumes that a proportion of people are currently claiming illegitimately, creating a self-fulfilling prophecy for the requirement of the principle of less eligibility.

The WCA was introduced to determine eligibility for ESA, with all current and future claimants subject to assessment. Many articles featured people's experiences of WCAs. Articles discussed the unfairness of the system, and the absurdity of the tests. The test was introduced in the rhetoric of support to help people back to work, and based on a categorised points system rather than a simple 'pass' or 'fail'. However, among those who were judged to be 'fit for work', the notions of or 'failing' the test or 'not qualifying' were common.

"Atos decided last year that the 59-year-old was "fit to work" even though a number of doctors had found that a recent hip replacement and crippling arthritis in her knees had left her unable to hold a job... She said: "I have been receiving disability living allowance and incapacity benefit since 2000. "But last year I was told by Atos that I was fit to work and my money was going to be stopped. I'd failed their assessment... "When I spoke to my GP about an insurance line, she laughed and said there was no way I could work.""

(Daily Record, October 1st 2012)

Many people found 'fit to work' through these assessments reacted with shock, disappointment and anger. The articles that detailed their cases often discussed the severity of their condition, and their reduced mobility, in order to re-establish their need as genuine and their case as 'deserving'.

"DISMAYED Kenny Nicol has told how he was passed fit to work - despite suffering osteoarthritis and enduring seven operations. He scored zero on his new Department for Work and Pensions test, carried out by Atos... Kenny, 52, said: "I have sore knees, flat feet,

arthritis in my joints, affecting my elbows, shoulders and hands. I have bone peeling off and sticking into my shoulders, yet I'm allegedly fit to work. It's nuts.'"

(Daily Record, January 31st 2013)

"Colin, 56, has a range of medical problems, including arthritis... But he has been forced to attend job interviews after a fit-for-work assessment from benefit axemen Atos. He was horrified to discover his Atos report describes his pain levels as "moderate" and states he can walk 200 yards without major discomfort. He says this is not true ... Colin added: "With them saying I can walk 200 yards before feeling severe pain, I could lose the mobility car that I rely on to get about... "I feel so angry at what this Government are doing to people with disabilities."

(Daily Record, 22nd November 2012)

The majority of the articles discussed individuals who had 'failed' the tests, had managed to successfully appeal the decision, and thus had their benefits reinstated. This resulted in widespread condemnation of the test's validity, and the apparent incompetence of Atos (the external provider of WCAs). In a number of articles the quality of the test is questioned, with the apparent arbitrariness of the individual assessments, such as walking specific distance, criticised as a poor measurement of disability.

"I cannot claim any benefits at all... This is because I can walk further than the official "required distance" without any help"

(Daily Star, January 16th 2013).

To support the apparent 'invalidity' of the test, references to 'experts' that contradicted the result of the WCA are common. These references are used to demonstrate both that validity of the individual's claim, and to expose WCAs as invalid in the face of 'expert' opinion.

“I'd failed their assessment, despite being told at loads of other meetings with doctors that I was unable to work.”

(Daily Record, October 1st 2012)

Additionally, the WCA is represented as insufficient as it did not consider the impact of needing mobility aids, or the wider impact of a person's condition on their life and their ability to find work.

“Elsie Brown said: "I use walking aids and have osteoarthritis which was not included in the medical. So I spent seven months on appeal before they accepted my full illnesses.””

(Daily Record, May 11th 2013)

The consequences of such 'failed' tests are made clear, with four articles referring to people having suicidal thoughts following their assessment, demonstrating the potential financial toll faced by those found to be fit to work through the assessments.

“James Kerr endured a miserable festive season after the Atos assessment last October led to his employment and support allowance being stopped... “I was really struggling - to be honest, I felt like jumping in the Clyde”... James suffers from arthritis and stomach condition diverticulitis. He said: "The reality is that I can't go to work.””

(Daily Record, February 25th 2013)

The stress of WCA testing is heightened due to the number of claimants that were retested soon after passing their initial WCA or winning appeals against Atos for failed assessments.

“Can't believe it. Got a summons to go for a back to work assessment... [I'm] 61 with arthritis”

(Daily Star, September 22nd 2012)

The continual retesting of those claiming ESA caused anxiety and stress. The pressure of retesting highlighted the importance of those with chronic disabling conditions, such as arthritis, to continually demonstrate that their condition is severe and stable. Those with conditions that are considered to be fluctuating may not be eligible for welfare support. The establishment of a condition as stable or progressive is linked to legitimacy, with conditions that are stable or progressive represented as more legitimate than those that are fluctuating. Therefore the demonstration of a stable or progressive condition is essential in order to demonstrate deservedness. As such, under the system of WCA, stability of disability is essential for benefit eligibility. The relationship between stability or progression of health conditions, legitimacy and deservedness is discussed in more detail in Section 5.5.

The combination of the perceived invalidity of the WCA, successful appeals, consequences of 'failed' tests, and continual retesting, resulted in WCA and Atos being represented as unfair and poorly run. As such, much media attention focussed on the apparent unfairness of the assessments, and presented those attempting to claim, whether successful or not, as 'deserving' of welfare support.

5.4.2 Work

The importance and role of 'work' is a strong theme in this study. Articles echo the rhetoric of welfare policies, which make clear the political stance of the morality of work. Many articles that discuss welfare in relation to work quote politicians who reinforce the division between the 'workers' and the 'workless'.

CHANCELLOR George Osborne called it a Budget for an "aspiration nation" aimed at "people who work hard".

(The Sun, March 21st 2013)

Whether a person is constructed as 'deserving' or 'undeserving' often rested on their willingness, rather than ability, to work. Therefore those that could demonstrate willingness to work, either through reference to their past working history, current job-seeking activities, or future ambitions, were likely to be represented as 'deserving' of welfare support. As such, when constructing a person as deserving, additional details such as years in work and the job undertaken were detailed.

"The mother of two developed crippling arthritis in her knees, neck and back after a 30-year career as a factory worker"

(Daily Mail, February 8th 2013)

The inclusion of such details legitimises the individual's claim to welfare support through the demonstration of past work. They are therefore represented as 'deserving' of financial support now they are unable to. Work is represented as such a crucial factor in 'deservedness' as welfare services were constructed as a system that had to be balanced. Financial contributions are therefore required before one could legitimately claim funds. As such, paying tax and National Insurance (NI) previously was presented as justification for current claims, enabling those featured to distance themselves from those who avoided tax, a trait of the 'undeserving'.

"Despite restricted mobility owing to osteoarthritis in several joints... I am classed as fit for work... Before my diagnosis, I had worked for 48 years, paying National Insurance"

(Sunday Express, September 9th 2012)

For those who are unable to demonstrate past working history due to not having been in employment for large periods of time, their ability to demonstrate willingness to work also enabled them to be constructed as 'deserving'.

“The reality is that I can't go to work. My condition is painful and I've been let go from three jobs as a result”

(Daily Record, February 25th 2013)

Whilst such individuals may not be able to demonstrate previous tax and NI contributions, their attempts to work despite their condition is represented as evidence for both their willingness to work if they were able, and proof that their condition is a legitimate cause of their need to claim welfare support.

However, not all conformed to this narrative. For some, the legitimacy of their claim did not hinge on their past working history, or current willingness. These individuals highlighted the apparent ‘ludicrousness’ of being expected to work, relying instead on the severity of their condition alone to sufficiently establish the ‘deservedness’ of their claim.

“Oh, im [*sic*] also 61 with arthritis and a chest hernia. i [*sic*] have to walk with a stick. Prospective employers please form a queue!”

(Daily Star, September 22nd 2012)

Severity is an important indicator of legitimacy in the articles, and helped to establish the individual as deserving of help. The relationship between severity, legitimacy and deservedness is discussed in more detail in Section 5.5.

Acknowledgement of the discourse of ‘deservedness’ is evident in articles where people attempt to distance themselves from those who they felt were ‘undeserving’. This was achieved by comparing their situation, such as the severity of their condition and/or their work history, to those who they considered ‘undeserving’.

“What angers me is that I am not one of those people who wants to sponge off the state,’ she said. I have been working since the age of 15 - I had my two children and went straight

back to work. I got a job packing boxes but my arthritis got so bad I couldn't stand up any more.”

(Daily Mail, February 8th 2013)

“I paid tax and NI for over 30yrs but I've got osteoarthritis in my spine and knees. IDS and DWP have taken £240 a month from me. now I get £71pw. Am I a scrounger?”

(Daily Star, February 6th 2013)

By highlighting the difference between their own circumstances and those who they perceive to be ‘undeserving’, the individuals in the articles attempted to present themselves as ‘deserving’ of the financial support that they were attempting to claim.

5.4.3 Lifestyle

The construction of the ‘undeserving’ is achieved through inferring that the claiming of welfare was not due to legitimate need, but instead was a lifestyle choice. All articles that featured the theme of welfare as lifestyle featured arthritis as the condition being claimed for, either exclusively or alongside another condition. There are two key features of those who are considered to be claiming benefits as a lifestyle choice, these are ‘obesity’ and ‘worklessness’, both of which are discussed in more detail below.

Obesity was a key feature in the construction of benefit-claiming as lifestyle.

“Overweight Philip Chawner turned his nose up at the work, saying he needed to keep his obese wife Audrey company on their sofa in front of the telly... the couple, who with daughters Emma and Sam weigh a combined 90 stone... When recruiters found him light work as a delivery driver, he whined: "There would be a problem lifting bags. I've got problems with arthritis in my shoulder””

(Daily Star, May 16th 2013)

The representation of those considered 'undeserving' commonly focused on claimants being obese or overweight. Such depictions are represented as indicators of inherent laziness, supporting the idea of such people being inherently 'undeserving'. The link between benefits and weight is reinforced through reporting of proposed changes to the welfare system that would require some claimants to reduce their weight to access benefits. These proposals were reported in two articles in The Daily Telegraph, a politically right leaning publication.

“OVERWEIGHT people who refuse to attend exercise classes could lose their benefits under a scheme to improve health.”

(The Daily Telegraph, January 4th 2013)

The link made here between individual behaviour, such as willingness to engage in weight loss programmes, and the ability to claim benefits, reinforces the construction of 'deservedness'. The proposed limits on welfare payments explicitly link behaviour that is condoned, such as weight loss, to how 'deserving' or not a person is of financial support. This not only relates notions of 'deservedness' to individual behaviour, but also assumes that those represented as 'undeserving' do not currently engage in such behaviours.

The second feature of those portrayed to be claiming benefits as a 'lifestyle' choice, are those who are considered to be 'workless'. The description of 'worklessness' does not merely refer to those out of work due to disability and illness, but to those whose disability is portrayed as 'questionable'. In these circumstances, a lack of work is represented as a refusal to work. One such article discussed a man who did not work due to arthritis; however his condition was represented as questionable leading to the article exposing him as 'workless'.

"A DAD whose family has pocketed £340,000 in benefits turned down two jobs live on TV yesterday because he would rather live on handouts"

(Daily Star, May 16th 2013)

The construction of 'worklessness' is evident in articles that discuss 'dubious' disabilities. The presence of arthritis itself was not represented as dubious, as the articles make clear that this is the condition being claimed for. Rather the dubiousness was related to the individual's claim that their condition prevents them from working. As such, arthritis was not always represented as a legitimately disabling condition.

"Karen... who suffers from arthritis and heart problems, is horrified to find she is expected to work. "

(The Sunday Times, August 11th 2013)

The reconfiguring of claiming benefits into a lifestyle choice, rather than due to legitimate need, is prevalent in media representation of welfare. 'Obesity' and 'worklessness' are represented as key identifiers of those claiming benefits as a lifestyle choice, both of which were underpinned by the moral judgement that such 'undeserving' people are 'lazy', and therefore responsible for their own situation.

The links between moral responsibility and disability are most often implied rather than overtly stated. However, there are a number of articles which opposed this discourse. Such articles commonly exposed the apparent link overtly, in order to counter it.

"There are plenty who believe that society doesn't owe its resources to people who suffer negatively from choices for which they are morally responsible... We should remember that the Victorians believed those with all sorts of disabilities and diseases had brought them upon themselves."

(The Sunday Times, June 16th 2013)

Additionally, there are also attempts to subvert the discourses of moral responsibility through opposition to the dichotomy of 'strivers' and 'scroungers'. Such articles present a third way, the construction of 'ordinary'.

“Irene's problem is that she is ordinary. She's just one of the everyday millions who make up the fabric of our country, not a scrounger or perhaps even a striver - just a normal person with strengths and flaws.”

(Daily Mirror, March 20th 2013)

Despite opposing the discourse of ‘deservedness’, the continual use of terms such as ‘moral responsibility’, ‘strivers’ and ‘scroungers’ that feature in such articles may inadvertently reinforce the routine use of such language in society. Thus the discourse of ‘deservedness’ is not only employed by those attempting to uphold this discourse, but also by those wishing to distance themselves from it.

5.4.4 Captain Crunch

The dichotomous presentation of people with disability as either a ‘saint’ or a ‘scrounger’, and the concept of ‘deservedness’ that have been discussed in this chapter are epitomised in a section in The Sun newspaper entitled ‘Captain Crunch’. The section was introduced in 2007 to assist readers in saving money following the ‘credit crunch’ and subsequent economic recession. The section contains money saving tips, shopping coupons, and encourages readers to write in to ‘Captain Crunch’ with money requests. This final section outlines requests made in relation to arthritis. The letters to Captain Crunch all have similar features, including a particular narrative structure. These features assist the writer in presenting themselves as being ‘deserving’ of financial assistance from Captain Crunch. The components of the narratives from the letters are detailed in Table 5.1 below alongside illustrative excerpt from the texts.

Table 5.1 Narrative components of letters to Captain Crunch and excerpts from the texts

Component	Excerpt
Claiming/caring for others	"MY mum has lots of health problems, including arthritis, and so is on a lot of medication" (The Sun, August 27 th 2013)
Unfortunate/unforeseen event	"WE have had to move in to an adapted property at short notice because my husband is disabled" (The Sun, April 9th 2013)
Circumstances beyond their control	"I promised to save up and get an inflatable tub but have been diagnosed with degenerative arthritis and have been off work for six months. I have only saved £100" (The Sun, December 4th 2012)
Working history	"I WORK really hard cleaning people's houses but have recently been diagnosed with arthritis. I have had to reduce my hours and am struggling to pay the bills" (The Sun, September 18th 2012)
Trying to help self	"I am only in part-time work so it's a hard job trying to save money but I could probably pick up a second-hand mobility scooter for her for around £250" (The Sun, August 27th 2013)
Specific reason for claim	"My bed is making it worse because my mattress is so bad but I can't afford a new specialist one" (The Sun, July 2nd 2013)
Use of emotive language	"Last year I took her on a break to a log cabin for the disabled with a hot tub and it was tearjerking to see her in the tub with no pain" (The Sun, December 4th 2012)

The majority of letters are written by carers of others, and therefore the claim for money was for someone else. Claiming for another helped to portray the claim as unselfish and altruistic and invoked the idea that the individuals are reliant on their own personal networks to provide care for their families, rather than receiving state welfare. The emergence of an unexpected or unseen event was also common. Such events included the development of a sudden illness, or having to move house expectantly. An unexpected event is a key to demonstrating a legitimate need for the money. The sudden nature of the event requires that people could not be expected to be aware,

or have planned, for it. This makes the requirement for funds at short notice appear more understandable.

To demonstrate that a claim is deserved, the person requesting the money was required to prove that they are not responsible for the situation. Establishing that they are not at fault is achieved through reference to illness that they could not be deemed to be responsible for. If circumstances, or their illness, were considered to be their own fault or responsibility, they could be deemed undeserving of help. As such, blamelessness is required to establish both legitimacy and deservedness. The establishment of deservedness was also achieved through references to current or past working history. Work and morality are closely associated, as such those who can evidence work may be considered a more 'worthy' person, thus separating the 'deserving' from the 'undeserving'.

The willingness of writers to help themselves was an important factor. The letters often include references to how people had previously tried to, or plan to, solve their situation. Such suggestions helped the writers to establish the genuineness of their claim by demonstrating that they are not claiming as an 'easy option', but that they have tried to resolve the situation themselves. Linked with this, all of the letters included a specific reason for the money. This aspect was essential, as not only does the inclusion of a reason help to establish that the person has a specific need for requesting financial help, but also allowed the reason provided to be judged for 'deservedness'.

In addition to providing the narrative aspects detailed above, the letters also contained emotive language. The use of such language creates the impression of increased need. This reinforces the 'deservedness' of the writer, and increased the 'newsworthiness' of the letter. Both of these aspects potentially increase the chances of the letters being published, and therefore the writers receiving the funds requested.

Although all of the letters that featured in this analysis were requests for money that was subsequently awarded by Captain Crunch, this section of the newspaper also featured a 'loser of the week' letter. In this section Captain Crunch prints a request letter from a member of the public that does not feature the above element of 'deservedness'. In such cases, rather than sending money Captain Crunch instead exposes and berates the writer as 'underserving'. Whilst there were no 'loser of the week' articles in my study, knowledge of this section provides the context for the articles that did feature. The inclusion of both 'deserving' and 'undeserving' articles in The Sun's Captain Crunch section constructs Captain Crunch as the purveyor of those deemed 'deserving' or not in society.

5.5 Discussion

This chapter has demonstrated how people with disabilities are dichotomously represented as either 'saints' or 'scroungers', and how such representations reside on the concept of 'deservedness'. To be considered 'deserving' of support, individuals are required to demonstrate that their condition is legitimate. Three main indicators of 'legitimacy' for arthritis were identified, 'severity', 'stability or progression' and 'blamelessness'. This section will discuss how these three aspects determined legitimacy throughout this chapter, and the impact of such legitimacy on the judgement of 'deservedness'.

Legitimacy is a key determinant of whether a condition is considered disabling. For some conditions, such as arthritis, the establishment of legitimacy is problematic due to the invisibility and perceived ambiguity of the condition. The visibility of a condition can affect both how a person presents themselves to the world, and how people react to that person. Whilst visible illnesses and disabilities have a number of difficulties, including the lack of control over revealing the disability, judgement and stigma, invisible disabilities or illnesses are problematic in their own way (Charmaz & Rosenfeld, 2006). Whilst concealment for those with invisible conditions is possible, as people can choose whether or not to reveal their illness, the choice to conceal may

only be available to those who do not require support. (Charmaz & Rosenfeld, 2006; Smith-Young, Solberg, & Gaudine, 2014) Those with musculoskeletal conditions who require support may have to reveal their condition, a process which can attract disbelief, judgement and distrust (Smith-Young et al., 2014). Due to the dissonance between the outward appearance of a person with an invisible illness, and their ability to carry out tasks expected of them, the credibility of a person with an invisible illness may be doubted (Sim & Madden, 2008). As such, the disbelief of others may be experienced as the appearance of those with invisible conditions does not conform to expectations of a 'disabled person' as they present as healthy. Due to this dissonance, requests for help when required, or the inability of those with arthritis to meet the expectations of others in terms of everyday activity, may be misinterpreted as laziness, or 'sloth' (Charmaz & Rosenfeld, 2006; Rosenfeld & Faircloth, 2004).

The relationship between morality and 'purposeful activity' makes it particularly difficult for those with invisible illnesses (such as arthritis) who are not exempt from the expectations of normal, everyday activity, to present and prove themselves as moral citizens (Rosenfeld & Faircloth, 2004). The link between morality and activity is discussed further in Chapter Six, Section 6.3.1.3. Even the disclosure of invisible conditions, in the absence of physical signs, does not guarantee comprehension of the condition or empathy (Charmaz & Rosenfeld, 2006). As such, those with invisible disability fight a battle between attempting to present themselves in the best possible way aesthetically (such as possessing self-control and physical capacity) and the moral struggle of presenting themselves as their disabled self (Charmaz & Rosenfeld, 2006; Goffman, 1959; Rosenfeld & Faircloth, 2004). Therefore the construction of an authentic disabled self is required in order to both establish the legitimacy of the condition, and the deservedness of any help required.

A further challenge faced for those with arthritis is the lack of stability and the fluctuation of symptoms. Conditions that are both invisible and unstable may appear to be ambiguous. Such

ambiguity may incite disbelief as understandings of disability require that disabling conditions are clear-cut and constant (Sim & Madden, 2008). The invisibility of arthritis bolsters the perceived ambiguity of the condition, and together these two elements work to undermine the legitimacy of arthritis. As discussed in the previous chapter, arthritis can be conceptualised in three different ways, as a disease, conditions or ailment. The diversity of arthritis, such as the presence of different theories of causation, diagnosis, treatment and outcome, may contribute to the perception of arthritis as ambiguous.

The removal of ambiguity is often achieved through the establishment of concrete medical and scientific definitions and pathologies. The employment of a biomedical approach to ambiguous illnesses not only helps to remove the ambiguity (by establishing the 'facts' of the disease), but also helps to negate self-responsibility. As biomedical disease is 'objective', those who adopt such perspectives cannot therefore be held accountable or responsible for their condition as it is caused by factors outside of their control (Sim & Madden, 2008). The use of this perspective can be seen in the conceptualisation of arthritis as a disease (Chapter Four, Section 4.2). When represented as a disease, 'osteoarthritis' is constructed as outside of the control of individuals, and treated in the remit of medicine. This can be contrasted with the conceptualisation of arthritis as a condition (Chapter Four, Section 4.3) where self-responsibility for both the onset and management of the condition was emphasised.

The severity of arthritis must also be established to demonstrate the legitimacy of the condition.

The importance of establishing arthritis as 'severe' was demonstrated in section 5.2.1.

('Paralympic Legacy'). The 'stories' that were used to verify Relph's condition as legitimately disabling differed from the narratives of her teammates. Whilst her teammate's conditions were accepted as 'severe', and therefore legitimate, with little further explanation, this was not true for Relph. Instead Relph's condition was established as 'severe' through references to her pain, emotive descriptions of her condition, and comment on the loss of her employment. Arthritis was

similarly established as a 'severe' condition in Sections 5.4.1 ('Welfare reform') and 5.4.2 ('Work'). In these sections I demonstrated that individuals were required to demonstrate their arthritis to be severe to justify their lack of work and access benefits such as ESA. This was achieved through references to their pain and lack of mobility, and the use of 'expert' medical opinion. These references enabled people with arthritis to prove their condition to be 'severe', and therefore legitimate.

The second feature of legitimacy that must be established is of arthritis as either a 'stable' or 'progressive' condition. Both terms indicate that the condition is lifelong, and unlikely to resolve or improve in time. This is in comparison to 'fluctuating' which indicates that the condition is temporary, and may spontaneously resolve. The importance of demonstrating the stability or progressive nature of arthritis was explored in Section 5.4.1 ('Welfare Reform'). Large numbers of those successfully claiming ESA were required to be retested frequently, indicating that some types of disability may be considered fluctuating in nature, rather than stable or progressive. When their disability is considered 'fluctuating', the legitimacy of an individual's condition may be challenged and their eligibility for welfare support may be removed. Therefore the establishment of 'stability', or continual 'progression', of a person's condition is essential to safeguard their legitimacy.

Whilst the construction of arthritis as severe and stable is necessary to establish legitimacy, arthritis is not always constructed in this way. The three conceptualisations of arthritis as a disease, condition or ailment, (discussed in Chapter Four), construct arthritis differently and therefore require slightly different methods to establish legitimacy. When considering arthritis as a disease, condition or ailment, concepts of 'severity' are intertwined with those of 'stability' and 'progression'. Therefore how 'severe' arthritis is considered to be may depend on whether arthritis is considered stable, progressive or fluctuating. When conceptualised as an 'ailment', arthritis was represented as a minor illness that was a normal part of ageing, and therefore not

generally considered severe. However this conceptualisation considered arthritis to continually progress with age, with the severity increasing with time. Therefore whilst arthritis as an ailment is not represented as always severe, the assumed progression of the ailment represents severity as inevitable in time. As such, those with later stage arthritis may be represented as being both legitimate and deserving.

A different perspective is offered from the conceptualisation of arthritis as a disease. This determines that arthritis can be (and is often) severe, particularly in the late-stages of the disease. Arthritis from this perspective is also seen as continually progressive unless 'cured' through medical treatment. As such, arthritis is represented as both severe, and either stable or progressive. When represented in this way, arthritis can therefore be considered legitimately disabling, and those with the disease as deserving.

A final perspective is offered through the conceptualisation of arthritis as a condition. This perspective demonstrates arthritis to be severe for some, but mild for others. Additionally, unlike in the other two conceptualisations, the condition of arthritis is represented as fluctuating. Therefore some people are expected to improve; others remain stable; whilst a minority experience progression of their condition. Additionally, self-management is thought to improve the condition of arthritis, potentially increasing the fluctuation of the condition's severity. Therefore arthritis, when constructed as a condition, is not always considered severe. This lack of severity is underpinned through the proposition that symptoms can be improved through effective self-management. As such, neither the severity nor stability required of an illness to be constructed as legitimate is achieved through this conceptualisation of arthritis.

The final tenet of legitimacy is the requirement of those with arthritis to construct themselves as 'blameless' for their condition. The concepts of 'blame' and 'blamelessness' were identified in Sections 5.4.3 ('Lifestyle'), and 5.4.4 ('Captain Crunch'). The notion of claiming welfare as a lifestyle choice is associated with obesity. A person's weight was commonly mentioned in articles

that represent a person as claiming welfare illegitimately, with obesity associated with a lack of control and laziness. As such, obesity is represented as a factor that people had control over, therefore those who were obese or overweight with arthritis were considered to be to blame for their condition. The link between self-responsibility and legitimacy is also demonstrated in section 5.4.4, in the letters to Captain Crunch. Demonstrating a lack of self-responsibility for their illness, and therefore their financial situation, is a key component of establishing a legitimate claim. 'Blamelessness' was ascertained in all of the letters to Captain Crunch in this sample, demonstrating the importance of this notion. Therefore concepts of 'blame' can influence how legitimate, or not, a condition is considered to be.

The three conceptualisations of arthritis as a disease, condition or ailment consider arthritis to have different causes and additional aggravating factors. Therefore the role of the individual in either causing or worsening their arthritis is different depending on the perspective taken. When considered as an ailment, arthritis is linked to age. As such, individuals are not considered to have any role in either preventing, or affecting the commencement or progression of arthritis. This differs from arthritis conceptualised as a disease or condition. When considered as a disease, arthritis is thought to be caused by increased mechanical loads. Therefore intense exercise is represented as a key cause of arthritis, and a potential factor (along with natural progression) in the worsening of the disease. However as exercise is generally seen as a moral endeavour, engagement in exercise did not result in individuals being blamed for their own osteoarthritis, and thus those with osteoarthritis were also constructed as blameless. Whereas individual lifestyle factors are represented as strong influencing factors in the construction of (osteo)arthritis as a condition. Increased weight and sedentariness are two of the main risk factors for the development of the condition, and are also associated with worsening symptoms.

Obesity is considered to be a main risk factor in the development of (osteo)arthritis as a condition, and is therefore a target for self-management. However, in articles discussing

‘deservedness’, obesity was also represented as delegitimising arthritis through the association between obesity and ‘laziness’. Therefore, a link between obesity and arthritis is not merely an issue of self-management, but may also be associated with concepts of ‘blame’. The perception that people may be to ‘blame’ for their own condition not only impacts on those who are ‘blamed’, but also delegitimise arthritis more broadly. Through such discourse, arthritis is represented as a repercussion of lifestyle rather than as a legitimate cause of disability.

As legitimacy is the foundation of ‘deservedness’, the existence of, and conflicts between, different conceptualisations of arthritis, may result in people with the condition being considered ‘undeserving’. According to Peacock, Bissell, and Owen (2014), the judgement of reduced ‘deservedness’ may be more likely in the current political and financial environment, due to the discourse of ‘no legitimate dependency’. This discourse refers to the denial of most forms of dependency, and the encouragement of increased personal responsibility for in all aspects of a person’s life. The discourse of ‘no legitimate dependency’ is considered to be an ‘internalisation of neoliberal discourses’. Neoliberalism supports reduced state intervention, through the increase of personal responsibility. Those with ambiguous conditions may be considered to have questionable legitimacy and are therefore unlikely to be considered ‘deserving’ of dependency (such as welfare support). Thus, the dichotomous representation of people with disabilities as either ‘saints’ or ‘scroungers’ is potentially very damaging to those with arthritis, reducing their likelihood of support, and increasing the personal responsibility that they are expected to have for their condition.

5.6 Conclusion

This chapter has demonstrated how people with disabilities can be represented as either ‘saints’ or ‘scroungers’. This representation is based on the judgement of ‘deservedness’, which in turn relies on the establishment of the legitimacy. Arthritis is a condition that may be considered dubiously disabling due to difficulties in establishing legitimacy through concepts of ‘severity’,

'stability' and 'blamelessness'. Such difficulties are compounded by the potential for ambiguity of arthritis due to the presence of differing conceptualisations. The establishment of arthritis as legitimate requires a singular, cohesive conceptualisation of arthritis, that enables the condition to be understood as 'severe', 'stable', and those with arthritis as 'blameless'. This requirement for legitimacy is challenged by the multiplicity of arthritis when constructed as disease, condition or ailment.

The next chapter is the final chapter of the newspaper findings and explores the construction of ageing through the dichotomous representation of age as both a 'peril' and 'promise'. The chapter explores how the construction of ageing can shape arthritis by influencing what conceptualisations of arthritis are employed, and how these conceptualisations are represented.

Chapter Six

Constructing ageing: Peril or promise

“In two days I'll be 70 whole years old. I don't know how to regard this: grim, one year closer to the grave, or miraculous, I'm still here, even if I am creeping about in my elastic knee-bandage”

(The Guardian, September 11th 2012)

“Is ageing, at the rate those of us fortunate enough to live comfortable lives in the West are achieving, something to be celebrated or feared?”

(The Independent, January 23rd 2013)

6.1 Introduction

The above quotations encapsulate the focus of this chapter, the dichotomous representation of ageing as either peril or promise. Ageing and arthritis are commonly associated in popular thought and the media (Gignac et al., 2006; Seale, 2003). Chapter Four demonstrated that the role age is considered to play in arthritis depends on the conceptualisation adopted. Age plays a part in the development of arthritis in two out of the three conceptualisations. When conceptualised as a ‘condition’ age is represented as the biggest risk factor for the development of arthritis, however when conceptualised as an ‘ailment’, arthritis is represented to be an inevitable part of ageing. As age and arthritis are so closely related, constructions of ageing in society inevitably shape perceptions of arthritis and therefore influence the experience of it.

Media representations of ageing are also recognised as being dichotomous, as either a time of 'peril' or 'promise'. As such, ageing is considered to be either a positive and active life stage, or a time of frailty, worsening health and increased need (Rozanova, 2010). Similar to Chapter Five, in which dichotomous constructions of disability were explored, this chapter explores the dichotomous presentation of ageing in the media. To do so I examine how constructions of age influence perceptions of arthritis, and how these representations of age shape the conceptualisations of arthritis discussed in Chapter Four.

First, ageing as a peril is presented, in which a catastrophizing discourse of the 'ageing population' is detailed, and the narratives of those who are carers for elderly family members presented. Second, ageing as a promise is investigated by examining factors that promote individual longevity and the concepts of 'bodily' and 'aesthetic' anti-ageing. I then present some counter narratives that emerged that do not fit this dichotomy, including the embracement of ageing, fatalistic attitudes and the role of social factors in longevity. Finally, each of these representations of ageing is explored through the discourse of 'successful ageing' which is used to illuminate factors that may influence why and how these representations of ageing came about, and how they influence arthritis.

6.2 Peril

In this representation of ageing, constructions of age were negative, associating older age with worsening health, increased need and expenditure, and societal burden. The 'peril' of age was represented through two subthemes. The first subtheme relates to the concept of the 'ageing population'. The term 'ageing population' was used repeatedly in the newspaper texts to discuss changing demographics that have led to higher proportions of older people in society. However this term does not refer to the changing demographic neutrally, it also carries with it the assumptions that such demographic changes will result in negative consequences for society as it is based on a negative construction of ageing. The second subtheme explored in this section is the

narrative of family members who care for elderly people. These narratives resided on the same negative constructions of ageing described above, therefore helping to illustrate the 'reality' of the 'ageing population' from an individual's perspective.

6.2.1 Catastrophizing population ageing

The discourse of the 'ageing population' was pervasive in newspaper representations of ageing. The concept of the 'ageing population' is based on demographic data that suggests that there is a high proportion of older people in society due to factors such as increased longevity and decreased birth rates. Yet when discussed in the media the term 'ageing population' was not used to describe this shifting demographic, but instead it was used to describe the resultant 'catastrophe' of such changes. The language was commonly hyperbolic, particularly in news headlines which described the population changes as an 'old-age time bomb', an 'agequake', a 'crisis', a 'burden', something to 'fear' or be 'afraid' of.

**“Britain's old-age time bomb: peers warn of crisis as population of over-65s soars:
Half of those born after 2007 could live past 100 Fears about lack of plan to cope with
burden on NHS”**

(The Guardian, February 25th 2013)

The singular explanation given for the changing demographics that have resulted in an 'ageing population' was increased longevity. Therefore future lifespan predictions, and the assumption of an escalation of current issues, were the basis for the rhetoric of fear.

“Next month a Lords committee will reveal the results of its investigation into the growth of the section of society above retirement age... The committee has been told:

* Half of those born after 2007 can expect to live to over 100.

* Between 2010 and 2030 the number of people aged over 65 will increase by 51%.

* The number of people aged over 85 will double during the same period...

Sarah Harper, professor of gerontology at Oxford University, told the peers there were about 8 million people in the UK who would be expected to live to at least 100, and some experts believe at least 50% of children born since 2007 will live until 103. In the shorter term, the Department of Health expects the number of elderly people aged over 65 to grow by 51% in the two decades to 2030, and those aged over 85 to rise even more steeply, by 101%.”

(The Guardian , February 25th 2013)

The reason that ageing was represented as a ‘problem’ was due to the assumed increase in disease and frailty in elderly populations and the subsequent increased need for resources. As such, ageing was closely associated with morbidity. This led to reports of the complex relationship between the success of health services in reducing early mortality (and therefore increasing longevity), but subsequently having to cope with unmanageable higher levels of morbidity, including arthritis.

“Today, longer life is a tribute to progress, but longevity is not always married to good health. More than 15 million people have long-term conditions such as diabetes, heart problems and arthritis”

(The Observer, March 17th 2013)

In the two decades to 2010, men's life expectancy increased by 4.7 years and women's by 5.1 years - but the extra time of good health was only 3.9 and 4 years respectively, which suggests that illness and disability are taking a greater toll on our lives than they were 20

years ago. The biggest issues are mental illness, including anxiety and depression, musculoskeletal problems such as arthritis and lower back pain, and sight and hearing loss.

(The Guardian, December 14th 2012)

The association between age and poor health was mentioned frequently, reinforcing the idea that the link between the two is natural and inevitable. Whilst many people may experience poor health in their lifetime, the worsening health associated with age was represented as more complex, and therefore difficult to tackle, due to multi-morbidities.

"We're finding that very few people are walking around with perfect health and that, as people age, they accumulate health conditions," said Dr Christopher Murray, director of the Institute of Health Metrics and Evaluation of the University of Washington"

(The Guardian, December 14th 2012)

Of particular concern were chronic diseases, such as arthritis, which caused significant disability and reduced quality of life. The association between age and chronic health conditions was especially strong, and musculoskeletal conditions such as arthritis were represented as one of the main causes of disability and reduced quality of life in older age.

"This new analysis clearly shows musculoskeletal conditions account for the largest proportion of years lived with disability in the UK. Over the last 20 years, these conditions have increased in burden and will continue to do so, particularly due to our ageing population. People are living longer, but we must recognise that many face spending these later years with a severely reduced quality of life."

(The Guardian, March 7th 2013)

"OSTEOARTHRITIS is extremely common. And it is getting more common with an increasingly ageing and obese population. Both are contributing to the number of people suffering from the disease. At least eight million people are living with osteoarthritis in the

UK and that number is going to go up dramatically. Within five years it is going to be much worse.”

(Daily Express, April 10th 2013)

Whilst the current health situation was represented as bad, future predictions were much worse. Levels of disease and disability were predicted to be higher in future, and as services were said to be currently struggling, the situation was seen as serious and worrying.

“This is only the tip of the iceberg. Today there are 10.6 million people over the age of 65; in two decades' time, there are expected to be more than 16 million. And the number of people with disabilities is growing.”

(The Independent, February 11th 2013)

One of the main difficulties faced by society due to the ageing population, was the financial and healthcare burden which was assumed to accompany it. The NHS was represented as being in current crisis as it was not set up with an increasingly ageing population in mind. Such arguments shift the focus away from sheer quantity, i.e. the number of people living longer, to the social response, such as how the health service can cope.

“But we have barely begun to grapple with the profound implications for our public services and finances. Last week, headlines screamed about shameful care that killed hundreds of people in two hospitals. The case was far from unique; lurking behind it lies a health system that for historic reasons is ill-equipped to handle complex conditions of old age and disability.

The problem is not simply one of numbers: experts warned that the NHS was not well set up to help elderly people with long-term and complicated health problems.”

(The Independent, February 11th 2013)

Whilst some discussed the problem of adequate care for such large numbers of older adults, the majority of discourse centred on the issue of finance with predictions for the 'cost of ageing' provided.

“As a result of such stresses, the Nuffield Trust and the Institute for Fiscal Studies calculated that, even assuming "heroic" productivity improvements, the NHS would have a £28bn-£34bn shortfall - a significant proportion of its £110bn annual budget.”

(The Guardian, February 25th 2013)

Such focus on finance shifted discourse about the ageing population into the language of 'burden'. Older people were represented as a burden on both resources and public finance. They were therefore represented as not actively contributing to society, instead merely taking from it.

“Last week, in an admirably detailed House of Lords report, Britain was told it was "woefully underprepared" to cope with the expected rapid increase in the number of older people in the population. Led by Lord Filkin, a special committee of peers blamed successive governments for the inertia that has resulted in an imminent crisis in resources; stretched health and social care services and growing unfairness in who carries the main burden of cost for this demographic "agequake”.

(The Observer, March 17th 2013)

These discourses pitted generations against one another, representing younger people as having to shoulder the 'burden' for the increasing ageing population, and missing out on opportunities as a result.

“The report warns of a "series of miserable crises". What it doesn't spell out is that a society in which the young forfeit their prospects because access to education, skills,

housing and income are increasingly unattainable as older citizens remain relatively cushioned strains the social contract to the point of crisis.”

(The Observer, March 17th 2013)

However it was not only the financial or resource burden that was represented as challenging, but also the personal for those suffering from the condition, and the families of those affected.

Chronic conditions were represented as having a particularly high personal burden as they were lifelong and incurable. In the case of arthritis, the assumption that the condition would worsen with time leading to increased disability, meant that the burden for family members was represented as particularly high.

“People with osteoarthritis get loss of function. From that you get loss of participation. People stop going to the shop, they stop visiting their family, they stop looking after their grandchildren. There is a big economic burden and a bigger personal burden.

(Daily Express, April 10th 2013)”

It is this personal burden that is explored in the next section which discusses newspaper presentations of personal narratives from family members who care for older relatives.

6.2.2 Family narratives of ageing

The negative understandings of ageing as a social catastrophe were reinforced through personal narratives of people caring for elderly relatives. These narratives, although all expressing individual experiences, had common elements. One such commonality was the link made in the narratives between individual experience, and the bigger ‘problem’ of ageing in society. As such, these narratives may be seen as providing detail and a story for the discourse of the ‘ageing population’.

The family narratives provided intimate and personal accounts of ageing, told from the perspective of people close to the older individual. Such accounts commonly included descriptions of the person, who was cared for, contrasting their internal character and external appearance.

“The skin on her hands was paper thin, barely covering a roadmap of dark blue veins. Her legs had seized up and she was so afraid of falling that she was too scared to go outside. But inside that failing body was a feisty girl with whom I had more in common than I could ever have guessed...If only I'd seen the person inside the dried-out husk sooner, how much we could have shared.”

(Daily Mail, June 10th 2013)

These contradictions between the appearance of ageing compared to the subjective state are similar to the theory of ‘the mask of ageing’ which describes how people’s appearance in old age does not match the age that they feel subjectively (Featherstone & Hepworth, 1991; Sanders et al., 2002). However in this case, as the description is not given by the individual themselves but by an onlooker, such descriptions may work instead to emphasise the toll of ageing, rather than highlighting the internal youth, revealing the narrator’s view of ageing. The use of descriptive terms such as ‘dried-out husk’ demonstrate that ageing is not seen positively in this case, and that negative understandings of ageing, such as the assumption of physical decline, prevail.

Some narrators chose to reveal the physical effects of ageing, as seen in the excerpt above, whilst others used their past interests and personality to contrast with their current self, as seen below.

“Dad moved in with me two years ago when his arthritis became too bad for him to continue to live alone (my mother died in 1995). Back then, his strength, his indomitable spirit and his sheer lust for life lulled me into a false sense of security. But, over the past six months, I have noticed an unmistakable change in Dad... Dad is on no medication. And

he has no heart problems or any other serious medical issues that we know of. But, slowly, I can see him retreating like a weary old badger getting ready for hibernation.”

(Daily Mail, December 28th 2012)

These two different methods of description for older age both allow age to be understood as something that changes people, either physically, mentally, or both. As such, age is represented as a time of adverse transformation, when one is no longer physically the same as one's subjective self, or mentally the same as the person one once was. The arthritis that led the writer's father to live with her was not represented as a 'serious' disease (an example of which is given as heart disease). Instead arthritis was represented part of the natural decline of ageing – a time of 'weariness' where people prepare for death, implied through the metaphor of hibernation.

In addition to the general narratives provided by family members, one particular type of narrative emerged from the articles: a narrative told from the perspective of the 'sandwich' generation. The group consists of those who are responsible for both their parents and their children, and therefore have to cope with the burden of caring for both. As such their narratives discussed the burden of younger family members (their children), and older family members (their parents).

“Since my widowed father came to live with me two years ago, I have been caring for both him and my two daughters, aged 19 and 21. And it seems that I am the face of the future. By 2022, some 500,000 of us will find our own lives sandwiched between the needs of our parents and children... I can confirm that this particular household feels like a giant-sized club sandwich, crammed full of the escalating financial and emotional demands of my daughters and my dad. He couldn't manage stairs, and the arthritis that had caused the fall was growing progressively worse.”

(Daily Mail, January 24th 2013)

These narratives made the comparison between two types of care, that of older children and that of elderly parents. The needs of both were represented in opposition, with each being a time burden, but as the elderly parents had more needs, they were represented as taking the attention away from the children. As such, these two generations, the young and the old, were represented as being in conflict, with the narrator being in the middle. The generational conflict explored in these narratives echoes the conflict discussed around the discourse of the 'ageing population', in which the old are once again represented as taking away resources from the young, with care services (such as the NHS and social services) in the middle.

Unlike the articles that discussed ageing in population terms, these articles made real the idea of what old age may look like. They discussed personal accounts of increased disability and loss of mobility through arthritis, coupled with decreased cognitive function and general frailty.

“I've just spent 24 hours being a carer to my 93-year-old mum, and when my shift came to an end I couldn't wait to get away. I sped at 94 miles an hour along the M11 from Essex back to my pristine flat in London, away from the creams and the screams... I knew caring for Mum would be hard. I'd made stabs at it before, in the 15 years since my dad died. She has always been disabled to some degree, crippled with arthritis even as a young woman. But after Dad died, she swiftly got worse, and has been in constant pain.”

(Daily Mail, July 2nd 2013)

These narratives therefore confirmed the worst fears represented in articles about the 'ageing population'. The personal descriptions of decline, decrepitude and burden provided detail and depth to the articles discussing ageing at population level, thus not only reaffirming the 'catastrophe' of the changing population demographics, but also making the arguments more compelling.

Although there were frequent personal narratives about the topic of ageing from the perspective of family members, there were no personal narratives about negative experiences of ageing from older individuals themselves. The only voices that were present in these newspaper representations of older people were those of people close to the older person, and the individual that the narratives concerned was not given voice in the articles. The lack of older voices in these types of personal narratives indicates a lack of priority being given to their own experience of ageing.

6.3 Promise

The 'promise' of ageing relates to discourses that represent ageing as something positive to be celebrated. This section discusses the ways in which ageing was seen as a 'promise' through the representations of individual longevity and anti-ageing. Longevity was represented as an individual ambition, rather than a collective goal, and was considered in the text to be influenced by individual lifestyle factors. Three such factors emerged - sex, work and activity. Anti-ageing was discussed both in terms of reducing the age of the physical body through lifestyle measures, as well as reducing the aesthetic of age through treatments and products. Such opportunities were presented positively as they allowed people to match what was seen as their inner age with the physical and outward age.

6.3.1 Individual longevity

There were many stories about individual longevity which represented age as positive. In this context, 'longevity' is more than simply living a long life, but also incorporates quality of life. As such, somebody who achieves longevity was represented as being old, but also as having vitality and vigour. Throughout these positive representations, three aspects were often discussed as both indicating and increasing longevity - sex, work and activity. Each aspect is discussed in more detail below.

6.3.1.1 *Sex*

Sex was represented as synonymous with youth. Therefore the continuity, or conversely the interruption, of sexual relationships in later life was used as indicator of whether a person was considered to have longevity. Sex was represented as the key to youthfulness and increased longevity, with the apparent ability to make people both look younger and prolong their life.

“extensive research ha[s] found older men and women with an active love life looked five to seven years younger than their actual age. But you don't have to be at it every night to enjoy youth-enhancing effects! In fact... quality was as important as quantity, with the anti-ageing benefits stronger if the sex was classed as "loving".”

(Daily Mirror, July 11th 2013)

“PROLONG LIFE: Couples who make love at least three times a week appeared on average ten years younger than those who had sex twice a week or less, according to a study.”

(The Sun, September 20th 2012 [article 2])

“A study carried out in Australia found people who climaxed at least three times a week had a 50% lower chance of dying for any medical reason than those who only climaxed once a month.”

(Daily Mirror, July 11th 2013)

A potential barrier to sexual relationships in older adults was joint pain caused by arthritis. Therefore articles offered advice or solutions to enable those with such conditions to continue their sexual relationships. Joint replacements were one such solution.

“With arthritis, sex is nearly always painful, meaning you have to proceed more slowly and be more cautious. Gone are the days of spontaneous sex romps, and pain certainly dampens your ardour. But that can all change after hip replacement surgery.”

(Daily Mirror, May 9th 2013)

However other articles represented arthritis pain not as a barrier to sex, but as a reason for it. A number of articles discussed the apparent pain reducing effects of sex, and presented it as a potential treatment for the condition.

“the scientific evidence says that... sex can help shift pain! This is because making love causes a surge in the "love" hormone oxytocin, plus other feel-good endorphins, which can ease pain. Women have reported that their pain from both headaches and arthritis improved post-coitus.”

(Daily Mirror, July 11th 2013)

“Spanish scientists also claim that more than half - around 55 per cent - are lucky to climax once a month. But having an orgasm can have amazing benefits for your health, including easing arthritis and beating stress.”

(The Sun, September 20th 2012 [article 1])

“RELIEVE PAIN: A study carried out in New Jersey looked at women with conditions such as arthritis and whiplash - and they found that women who had regular orgasms were better able to cope with the pain.”

(The Sun, September 20th 2012 [article 2])

The importance of sex regardless of age was thus reinforced through the text by promoting it as a method to improve appearance and increase longevity. Whilst potential barriers to sex in later life were identified, such as joint pain caused by arthritis, solutions were provided in the articles such as the benefits of joint replacement. Additionally, sex was discussed as a potential cure for arthritis related pain. Therefore sex was recast in these articles as the panacea for longevity, by reducing the appearance of age, extending life and reducing the effect of age related conditions such as arthritis.

6.3.1.2 Work

Work was discussed as both increasing and indicating longevity. Retirement was not considered a legitimate option, as working in later life was instead normalised. Work was judged to be a positive, motivating factor that provided purpose, and these factors were essential for the maintenance of health and youthfulness in older age.

“Last month, Elizabeth Jane Howard turned 90. At an age when most of us might celebrate with a warm whisky and warmer slippers, Howard was handing in the manuscript of her 15th novel to her publishers. The next day, she was at her computer promptly at 10.30am, writing a new one. “Well, it's the thing that makes me get up in the morning,” she says when I express surprise at her work rate.”

(The Observer, April 7th 2013)

“I've always worked seven days a week, first as a teacher and scientist and then on Fleet Street - and an extraordinary life it's been. I still work every day and aged 98 I'm still producing some great big hairy books. It's a case of 'use it or lose it', you see, and I have never ceased to use it.”

(The Independent, January 23rd 2013)

For some working past retirement was discussed as a positive choice, with people not feeling 'old enough' to retire at the usual retirement age and thus choosing to continue to work. However for others continued work was a necessity. Financial pressures, such as lack of sufficient pensions and savings, coupled with high living costs, meant that retirement was not possible. The combination of these reasons meant that post-retirement age working was constructed as normal and expected.

“When I first saw that article, the figure 63 struck me as perfectly ridiculous. Most people will need to work until they are much older than that, and will consider themselves lucky if they have work... A friend of mine who is prominent in the media, and working hard at sixtysomething, told me rather wistfully last week that she wondered when, if ever, she should or could give up.”

(The Sunday Times, February 7th 2013)

Work was also represented as necessary for longevity and health reasons, in addition to financial ones. Such arguments echo the idea that for most retirement age is not 'old enough' for people to give up working, and so if work is possible, then it should be undertaken. Work in this context was represented as a way to keep people busy and engaged, two states that were represented as positive for health and wellbeing. As such, work was considered to be important for longevity.

In addition to the benefits of post retirement work for individuals, societal benefit of extended working lives was also apparent. As people are living longer, the current age of retirement was questioned and considered by some as financially unsustainable for society.

“If ageing is to be celebrated we need answers to the personal, social, financial and health challenges it poses. One suggestion... is to extend working lives... It would be a way of keeping more people busy, solvent and socially engaged... "The 21st century could be a

century of redistribution of work. Redistribution would spread work more evenly across populations and over the ages of life”

(The Independent, January 23rd 2013)

As such, post retirement work was represented as a method of ensuring societal, as well as individual benefit, from longevity. Redistribution of work across the life course, as discussed above, assumes both that people will live longer and that they will be healthy for much of their lives. Therefore, a positive view of ageing is the foundation of such perspectives.

These constructions of work as positive and expected in old age reflect the constructions discussed in Chapter Five, Section 5.4.2. The previous chapter detailed how work was represented as a moral choice, with articles reflecting the rhetoric of welfare policies on the topic. The theme of deservedness was linked to work, with employment providing a main foundation on which deservedness was judged. The construction of work in older age is similarly linked to morality; however the morality of ‘busyness’ is more apparent than that of deservedness in this case. As older people are assumed to have been working up until retirement, they are deemed to have contributed and therefore are ‘deserving’ of pensions or benefits as required. Post-retirement work is therefore represented not as a matter of deservedness, but as a method to keep people busy. Yet the narratives which normalise work in older age do not take into consideration the barriers to work faced by those with health conditions that are associated with ageing, such as arthritis. Post-retirement work, and the associated ‘busyness’, is therefore represented as a moral choice, neglecting the multitude of factors that may also have an influence such as health, mobility, access, unemployment levels and age-discrimination. The importance of activity, and the attached morality, is discussed in more detail in the next section.

6.3.1.3 Activity

Activity was the final factor that was represented as crucial for longevity. A number of different types of activity emerged as being important, with articles individually considering specific approaches. Some articles discussed activity in terms of 'being on the go'. This type of activity was not directed towards any specific project or purpose, it was a description of more general activity.

"Arlene Phillips The former Strictly Come Dancing judge has hit 70 but feels much younger. Here's the secret of youth IF you invest in your health and have a bit of good fortune you can be a fit and active senior citizen just like Arlene Phillips. She said: "Inside I don't feel my age. But what does 70 feel like? If I look at that number, I can't imagine that it's me. "I'm energetic and always on the run.""

(Daily Record, April 17th 2013)

"Why does he think she lived for so long? He says he thinks her positive attitude had a lot to do with it - and the fact she was always "on the go"."

(The Guardian, July 17th 2013)

In such descriptions, being 'on the go', or 'on the run' is synonymous with having energy and enthusiasm, two traits commonly associated with youth. Whilst this type of activity was clearly associated with longevity and youthfulness in the articles, it is not recommended to others as a way to extend their longevity. Instead the activity is represented as either a consequence of the energy of the individual, or as an aspect of their personality, rather than a suggestion for increasing longevity.

Conversely, activity in terms of exercise was recommended in a number of articles to maintain health in later life and therefore increase longevity. For some, such activities were adopted specifically for such reasons and to reduce the physical symptoms of age such as joint pain from arthritis.

"I feel OK," he says, touching wood. "I get little aches and pains in my joints... the doctors have advised me that it's just wear and tear... So every morning I do gentle exercises to wake all my joints up, and at night, while I'm watching TV, I do 10 laps around my bedroom during every commercial break. By the end of a two hour sitting, I've walked over a mile."

(Daily Mirror, May 5th 2013)

"Embodying the same simple mantra 'use it or lose it', Jane spent months looking at studies and talking to experts in ageing and says: 'I was struck by the depth of research showing that staying physically active is just about the number one factor in whether you have a good Third Act or not.'"

(The Express, February 19th 2013)

For others, being active was a way of 'having fun', and social engagement comprised part of it. Thus the attitude towards such activity, and who the activity was undertaken with, was seen as important as the activity itself. For such individuals, activity was not represented as being an individual pursuit, but about taking part in a physical activity (whether specific exercise or not) that was both sociable and enjoyable.

"We all vary. Toad, the party host, 63, can still stand on his head, and Olga, 69, after a lifetime of yoga, cycling and pottery, can do anything. Last week she tore off my garage roof and ripped out Daughter's fitted wardrobe. Our cooking is divine, our jokes brilliant, we've been friends for ever and still are. So it's cup half-full. Hanging on, and still having fun, fun, fun."

(The Guardian, September 11th 2013)

“She's always been interested in people, outgoing and sociable. And she has always taken exercise. She loved dancing and was still dancing when she was 100 or more. I remember at one of her parties, we got her up dancing when she was about 107.”

(The Guardian, July 27th 2013)

However activity that included a social element was not just represented as a key factor in maintaining youthfulness, but also as an important way to reduce loneliness.

“But Gran was lucky. Nearly half of those aged over 80 suffer from loneliness, according to the charity Age UK. Worse, around a million old people in the UK won't see a friend or family member for a month at a time.”

(Daily Mail, June 10th 2013)

Social activity was represented as a method for reducing loneliness and isolation which was considered essential in later life for longevity. However the reasons for needing to avoid such loneliness were not discussed, instead it was assumed that they were self-evident. Therefore, whilst activity generally was considered positive, socially engaged activity was represented as the most beneficial for longevity.

Aside from the assumed connection with longevity, activity and busyness were also associated with moral virtue. The ‘busy ethic’, that is the morality attached to busyness in older age, has been likened to that of the ‘work ethic’ for younger ages, discussed above and in Chapter Five (Section 5.4.2). It is attested that the ‘busy ethic’ allows a moral continuity in the transition between work and retirement (Ekerdt, 1986). As such, activity in older age becomes justification for retirement, enabling older people to retain long held values of productivity and industriousness (Ekerdt, 1986; Katz, 2000; Rozanova, 2010).

6.3.2 Anti-ageing

Anti-ageing was encouraged as a method of ensuring that a person's subjective sense of age, matched their bodily age and outward appearance. Anti-ageing was represented as a way to positively control ageing, and processes relating to it were represented as desirable, necessary and attainable for all. In this context 'age' was not considered to be fixed and immutable, it was instead fluid and mutable through methods of anti-ageing.

Anti-ageing was discussed in two different ways. First, anti-ageing was represented as *actually* reducing the physical age of a person's body, discussed in the section below entitled 'bodily anti-ageing'. Second, anti-ageing was associated with beauty and increasing a person's attractiveness by making them *appear* younger, discussed in the section below entitled 'aesthetic anti-ageing'.

6.3.2.1 Bodily anti-ageing

The reduction of a person's bodily age was represented as a key element of anti-ageing. Bodily age refers to the age that a person's physical self is thought to be and therefore can differ from chronological age. Texts that discussed age in this way cited lifestyle factors as the key to 'anti-ageing'. Whilst there are similarities between the lifestyle factors discussed here as part of anti-ageing, and those discussed above as part of longevity, there are key differences. Crucially, whilst the longevity factors discussed above aimed to help people attain a higher chronological age, the factors discussed in this section are instead associated with an actual change in the physical age of a person's body. Whilst the factors involved in physical anti-ageing may result in the attainment of longevity, it is not the primary focus of such activities. Instead people seek to reduce their bodily age for reasons of health, aesthetics and moral virtue. As such, the benefits of bodily anti-ageing are more immediate than the long term goal of longevity.

In order to anti-age their body, a person must first determine what age their body currently is.

This was achieved in the texts through the introduction of testing. Such tests included numerous

lifestyle factors, such as weight, exercise level and alcohol intake, all of which were thought to influence the physical age of a person's body. This theory of ageing likened the body to a machine, such as a car, where 'age' or 'miles' were accumulated over time according to lifestyle.

“Anti-age your body by 15 years; THIS month a study claimed today's adults are so unhealthy we are physically 15 years older than our parents when they were at the same age. Our test can reveal how many miles you've clocked up and our tips show how to reverse the damage as, according to experts, you can alter your body's true age by treating it well - or badly.”

(Daily Record, April 23rd 2013)

When the body is considered as a machine, certain lifestyles and behaviours are regarded as factors that accelerate 'wear and tear', and thus increase the bodily age of an individual. Such understandings of ageing are particularly relevant to joints which were understood to be particularly susceptible to the damage of 'wear and tear', and therefore the site at which such damage was most apparent.

“Wear and tear to our joints over the years can lead to arthritis, causing joint pain, swelling and stiffness...

Anti-ageing tricks

Regular exercise strengthens the muscles around joints, which stops them rubbing against one another, wearing down cartilage. Don't overdo it, as this can cause arthritis...Reduce your age by: 2 years”

(Daily Record, April 23rd 2013)

The linking of 'wear and tear' to age and arthritis can be seen within two of the conceptualisations of arthritis discussed in Chapter Four, arthritis as a disease and as an ailment. Both of these

conceptualisations drew on the concept of either mechanical or age related wear and tear and attributed this to arthritis formation. However this article, unlike the two conceptualisations of arthritis, presents wear and tear as reversible through lifestyle changes such as moderate exercise. This recommendation is in line with self-management advice that was found in the third conceptualisation, arthritis as a condition. As such, these articles drew on different parts of the three conceptualisations in order to represent bodily age (indicated by factors such as joint based wear and tear) as different from chronological age, and as something that could be reversed through anti-ageing practices.

Another lifestyle factor that was represented as having the ability to 'anti-age' the body was yoga. Whilst yoga was recommended generally as a form of exercise, it was also understood to have specific anti-ageing properties that other forms of exercise do not.

“MOST people would be delighted to still be doing yoga at 97 - but great grandmother Connie Dennison has vowed to still be doing it aged 100... AND now she's sharing her secrets in a bid to convince others that the ancient Indian discipline is the key to eternal youth.”

(The Daily Record, January 19th 2013)

“So it was with yoga. I needed to know what the fuss was all about and whether you could really transform your life. Here's what I found: scientifically and medically, most of the claims made for yoga practice stand up. The benefits on both body and mind are legion. The anti-ageing impact is profound... It felt so good to be stretched out... Yogis believe that you are as young as your spine is flexible and my spine had evidently been crying out for some exercise... I soon realised this was the most anti-ageing thing I had ever done”

(Daily Mail, February 28th 2013)

Yoga was represented as anti-ageing the body, which in turn was thought to help the mind. Anti-ageing achieved through improved strength, flexibility, stability and relaxation. These benefits were thought to both reduce susceptibility to and symptoms of chronic diseases (such as arthritis and heart disease), and relieve mental health problems such as stress, anxiety and depression.

“researchers at Harvard University in the US found that relaxation techniques, such as yoga or meditation, helped battle the bulge by lowering the body's levels of cortisol - the stress hormone that makes you overeat”

(Daily Mirror, April 23rd 2013)

“astonished by the changes yoga wrought in his own body and mental state he began investigating its use for people suffering from a variety of medical conditions, from stress to degenerative arthritis... ‘I can tell you that yoga is quite simply the most powerful system of overall health and wellbeing I have ever seen’”

(Daily Mail, February 28th 2013)

Yoga was therefore not only considered to help people anti-age their body, but was recommended as a complete system of health that also aided the mind.

Bodily anti-ageing practices, such as those discussed in this section, were considered to have an actual impact on the physical age of a person's body, an age which is considered a separate entity to their chronological age. Whilst these physical changes were also thought to improve mental health, all of the approaches recommended prioritise the physical body over other forms of self. As such, in these understandings of age, physical youthfulness is considered to be the most important factor for health and wellbeing.

6.3.2.2 Aesthetic

In addition to ageing being represented as a physical *change* to the body, anti-ageing was also representing as the alteration of the *appearance* of the body. Aesthetic anti-ageing sought to

make people look better by appearing younger. Beauty is commonly associated with youthfulness, and it is this connection that is employed in the articles that discussed this form of anti-ageing. As such, age is directly correlated with reduced attractiveness, whilst features of youth such as wrinkle free skin are seen as direct signs of beauty.

“Most of us spend a small fortune on anti-ageing serums, potions and lotions, which promise to smooth away the wrinkles and take years off us... The cosmetic industry is now inundated by beauty supplements in pill form, which are packed with nourishing ingredients said to work from the inside out”

(Daily Mirror, April 29th 2013)

The search for products to reduce the appearance of ageing was represented as a search for the ‘elixir of life’, and articles discussed the historic nature of this quest.

The elixir of life has eluded everyone from alchemists to the modern manufacturers of anti-ageing creams. But now scientists have come a step closer to the ultimate goal of halting the ageing process and putting off the inevitable, or at least delaying it.

(The Times, May 2nd 2013)

Human beings have dreamed of delaying the ageing process for millennia. From olive leaves in ancient Egypt to the alchemists' "elixir of life", vast resources have been spent - and still are today - on tonics, potions and vitamins in the attempt to stave off the ravages of the years... What is the secret - the elixir of life?

(The Independent, January 23rd 2013)

The reference to the magic and mystery of the ‘elixir of life’ denotes that both the providers and recipients of such anti-ageing products are hoping for a ‘magic bullet’ – a perfect cure for ageing. Such language also alludes to the impossibility of such a ‘potion’, and the potential futility in the search for one.

“Then there is cosmetic enhancement... And why not? No elixirs of youth and vigour, however, no hormones or hair replacements, are entirely proof against the awkward age”

(The Sunday Times, February 17th 2013)

However, despite the apparent futility, articles still represented methods for aesthetic anti-ageing such as cosmetic surgery, products, and supplements, as an everyday part of life.

ARE there any lengths we won't go to in an effort to defy the visible effects of age? The answer is no, if the latest slimy trend in Japan is anything to go by

(Mail on Sunday, July 28th 2013)

FOR SOME, wrinkles are seen as a sign of character. For most, they are an unwelcome reminder of ageing.

(The Sunday Telegraph, September 9th 2012)

The contrast between those who embrace outward signs of ageing such as wrinkles as 'character' and the inclusive language of 'most others' who view them negatively, help to reinforce aesthetic anti-ageing as expected behaviour. As such, hiding outward signs of ageing, such as wrinkles, through cosmetic products or surgery was represented as normal.

Anti-ageing in this context was associated strongly with beauty, as youth is represented as synonymous with beauty and attractiveness. A number of anti-ageing foods, practices and products were recommended to improve beauty through anti-ageing.

“How to be body beautiful; express yourself. In her column this week LESLEY REYNOLDS explains how anti-ageing can come from within”

(Daily Express, October 25th 2012)

“BERRIES TO BOOST YOUR MEMORY -- AND MAKE YOU MORE BEAUTIFUL...

CONTAINING double the antioxidants of blueberries, it s hardly surprising the beauty berry , as it has been dubbed in its native Brazil, is renowned for its anti-ageing benefits.”

(Daily Mail, August 5th 2013)

“Cleopatra famously bathed in asses' milk to look eternally young. But the latest bathing beauty secret is rather denser in consistency and significantly more expensive. Wealthy women in Baku, the capital of Azerbaijan, are bathing in crude oil in an attempt to improve their complexions.”

(Daily Mail, December 22nd 2012)

The hands were one area where anti-ageing was recommended to give a more youthful appearance. Arthritis was closely associated with ageing, and the visible signs of the condition, such as swelling and joint deformity, were represented as outward indications of old age and therefore deemed unattractive. The association between hand arthritis, age and beauty was only discussed in the articles in relation to women, as such hand anti-ageing was represented as essential for women to preserve their attractiveness and hide their age. Cosmetic procedures were offered as the solution.

Well, it's official. As we age, it's our hands, not our faces, that most concern us...I worry, too, that I've inherited my mum's arthritis, a disease that ravaged her joints and turned her hands into avian claws... Just the other day, I was washing my hands and I looked up to remove a hair from my face. I jumped, thinking I was being mugged by a little old lady... My hands resemble a song thrush: brown upper parts, a cream under-part and obvious dark spots. Something, I realise, has to be done if I am to avoid following Madonna, who goes

out in public these days in bright purple fingerless gloves. And so I go to meet Dr Dennis Wolf, a member of the Royal College of Surgeons of Edinburgh and the British College of Aesthetic Medicine, at his consulting room at The Private Clinic in Harley Street... the good news is that he can save me.

(Daily Mail, April 22nd 2013)

Whilst such approaches to ageing may be considered a gendered ideal, with more women attempting to disguise the appearance of age, some articles also mentioned men who similarly sought cosmetic procedures.

“Then there is cosmetic enhancement: the number of stories about famous older men and women who are ageing gracefully without "help" makes me laugh; there can hardly be an ageing celebrity praised for avoiding the knife who has not, in fact, had a lot of work done, including surgery”

(The Sunday Times, February 17th 2013)

The pervasiveness of the association between anti-ageing with youth and beauty may have implications for how age is understood in society. If youth is synonymous with beauty, attractiveness and vitality, then age may be conversely understood to be a time of ugliness, decreased attractiveness and frailty. As such, age becomes something to be feared and avoided, and thus may be stigmatised. The associations between youth and beauty, and conversely old age and decreased attractiveness, may have negative impacts on conditions associated with old age, such as arthritis. As discussed in the previous chapter (Section 5.5), arthritis is generally considered to be an invisible condition, however outward signs of arthritis are sometimes present in hand arthritis. As hands are represented as a tell-tale site of ageing, the visible effects of arthritis have become synonymous with old age. Therefore any stigma associated with age is also transferred to arthritis.

6.4 Counter narrative: 'Ageing embraced'

The above discourses about 'longevity' considered aspects of life that are thought to be central to youth and midlife, such as sex, work and activity, as equally important for older people. This youth centric approach is reinforced through the discourse that emerged on both bodily and aesthetic anti-ageing. Such understandings of age effectively extend youth and midlife into older age, without recognition of older age being a specific life stage. However some articles disputed this understanding of ageing, instead representing older age as a distinct and separate time. I have titled this counter narrative 'ageing embraced'.

The main factor that was challenged in the articles was the importance of sex in later life. Assumptions about sex in later life may have been disputed specifically as it is an aspect of life that is most associated with youth. Sex was proposed to be no longer important with other factors of relationships, such as friendships, taking priority in later life.

"True, sexual desire wanes, but why lament that? I've had enough sex to last me a lifetime. It means that for the first time, men are now available to me not as potential lovers, but as friends with whom I can share deep feelings of love and closeness."

(Daily Mail, February 14th 2013)

Such articles therefore challenge both the aspects are considered essential for longevity, and the meaning of longevity itself. Rather than attempting to extend youth, these understandings of ageing were seen as 'embracing' old age, rather than attempting to delay or prevent it.

"There are some stout spirits who gallantly embrace old age. The writer Virginia Ironside, now 68, is one. For some time she's been writing funny novels and articles about how wonderful it is to leave behind the hurly-burly of youth and middle age and sex, and embrace senescence, ideally spending long hours in a well-chosen dressing gown."

(The Sunday Times, February 7th 2013)

I prefer to think of old age as entirely new, uncharted territory, where my fellow oldies and I are intrepid explorers, hacking our way through the jungle and discovering treats along the way. Grandchildren are certainly one of the most glorious surprises.

(Daily Mail, February 14th 2013)

Therefore these articles do not advocate the extension of midlife as the only route to longevity. Instead they celebrate old age as a distinct life stage and embrace its unique challenges and rewards.

Whilst in the main, lifestyle and individual behaviour was represented as important for longevity and anti-ageing, there were some other counter narratives that emerged that went against such perspectives. Whilst the dominant discourse represented longevity and increasing life expectancy as undeniably positive, one counter narrative opposed this view by questioning whether 'postponing death' was always something to strive for.

"Of course, what we are all trying to do is postpone death for as long as possible. We read about people in southern France and in Japan living to be 112 or more and we all think, "I fancy a bit of that." But do we? Really?"

(The Sunday Times, May 19th 2013)

As longevity was not necessarily sought-after, lifestyle and behaviour factors that were deemed positive for longevity and anti-ageing were recast as pointless and boring in comparison to 'indulgences' such as smoking, drinking, overeating and relaxing.

There are all sorts of things you can do to keep the grim reaper at bay. Run to work, drink water, eat lettuce, take the stairs and chew everything 72 times before swallowing... I could saw off my scrotum and pack in the fags and banish the booze; I could deprive myself of all the things that make my life fun - but life later on will not be the same as it is now... The world is a fantastic place full of people you want to meet and things you would

like to put in your mouth. There are places to go and things to do and stuff you would like to try. But your time here is extremely short so you must rush and never say no to anything... If you do, you are depriving yourself of a memory. You are wasting an opportunity. You are making a life that could be bright and vivid, beige and dreary.

(The Sunday Times, May 19th 2013)

Even when longevity was represented positively, the role of lifestyle and the extent to which behaviour affected lifespan was questioned. Instead other lifestyle factors such as genetics, social factors (such as where people live), and luck were offered as more likely determinants of longevity.

“Official figures for how long people live in different parts of the country invite us to speculate on our own longevity. The British Medical Journal published a study showing that inequalities between North and South have been severe and persistent over four decades. I can well believe it.”

(Daily Telegraph, July 26th 2013)

"The only way you can make it out there is if you've won the genetic lottery at birth. It has to begin with genes, and only a very small number of people make it out there. They're very unusual, they're genetically different, and in all likelihood they age more slowly than the rest of us. And then of course there has to be a dose of luck - you can't get hit by a bus. It's a combination of genetics, luck and maybe some lifestyle choices, but when you get to those extreme old ages, I don't think lifestyle has much of an impact."

(The Guardian, July 27th 2013)

The role of luck in longevity was also discussed in other articles, but represented in terms of fate. A fatalistic attitude was represented as justification for why people chose not to engage in lifestyle measures that were said to increase their longevity.

“I face a similar dilemma every day with smoking. I realise that lung cancer is a very real possibility and that I should pack it in. But what if I go through the cold sweats and the bad temper and the weight gain and then get run over by a bus?”

(The Sunday Times, May 19th 2013)

The article discussed the fact that people can reach an older age even with these lifestyles, therefore questioning the extent to which lifestyle changes can influence longevity. Such discourses provide justification for not adhering lifestyle advice.

“He points to Jeanne Calment, the French woman who is still the longest-lived documented person, who smoked until she was 117 and died at 122... Another new supercentenarian is Ralph Tarrant, who turned 110 earlier this month... when I ask what the biggest changes he has seen are, he says he remembers when he could buy a packet of cigarettes for sixpence (yes, he used to smoke). His diet wasn't always great, says his daughter with a laugh: "He grew up on bacon fried in lard."”

(The Guardian, July 27th 2013)

These wider factors remove the burden of ageing ‘successfully’ from the individual, and place more emphasis on social factors and those outside of individual control. Such arguments provide a counter narrative to the main discourse of ageing being a result of individual behaviour and lifestyle alone.

6.5 Discussion

The discourse of ‘successful ageing’ has been the dominant discourse in ageing and gerontology in recent years. This discourse was introduced as an attempt to dispel apparent myths about the inevitability of frailty and decline in older age (Liang & Luo, 2012). According to Rowe and Kahn (1997) successful ageing is based on three main components: (1) a low probability of disease and disability, (2) high cognitive and physical function, and (3) active engagement in life, and therefore

represents old age as a time of health, productivity and opportunity. This section will discuss the representations of ageing as either a peril or promise in the context of the discourse of 'successful ageing', to better understand why these two dichotomous representations commonly co-exist, how this discourse responds to the counter narratives raised, and what insights can be provided for understandings of the role of age in arthritis. During this discussion I will make links to the conceptualisations, discussed in Chapter Four, and explore how particular understandings of ageing may influence how and why certain conceptualisations of arthritis are adopted.

The discourse of 'successful ageing' attempts to represent age in a positive way, by demonstrating the value of older people in society. According to Rozanova (2010) the discourse of 'successful ageing' is based on the four dominant values in Western society of independence, youthfulness, effectiveness and productivity. The influence of the discourse of successful ageing can be seen throughout representations of the 'promise' of ageing discussed in section 6.3 of this chapter, which reflects the three main components of the discourse. These values are reflected throughout the media's representation of ageing, and they can be seen in each of the themes and subthemes discussed in this chapter. Table 6.1 below demonstrates how each subtheme discussed in the 'promise' section relates to one or more of these values.

Table 6.1 Promise subthemes aligned with values of 'successful ageing'

Subtheme	Value(s)*
Longevity: sex	Youthfulness
Longevity: Work	Productivity, independence
Longevity: Activity	Productivity, independence, effectiveness
Bodily anti-ageing	Youthfulness, effectiveness
Aesthetic anti-ageing	Youthfulness, productivity

*as defined by Rozanova(2010)

To demonstrate how these values underpin the discourse of 'successful ageing', and therefore influence the representations of age as a 'promise' discussed in this chapter, the subtheme of 'activity' will be explored in more detail.

The importance of activity can be seen throughout the discourse of successful ageing. It is one of the main components of the discourse, and is thought to have two central elements: the maintenance of personal relationships and productive activity (Rowe & Kahn, 1997). Both of these elements of activity were evident in the newspaper texts; however the 'best' type of activity was represented as those activities which combined both of these elements through 'socially engaged activity'. This view is upheld by proponents of the discourse of successful ageing. It is argued that socially engaged activity helps to deliver both the benefits of general activity, as well as the maintenance of relationships which are essential to reduce loneliness and isolation which have been linked with increased morbidity and mortality in later life (Rowe & Kahn, 1997; Rozanova, 2010). Some with arthritis may only have mild pain and minimal effect on their mobility, and therefore they may be able to manage their condition successfully to achieve the levels of activity advocated by this approach, (as was demonstrated in section 6.2.1.3 where exercises were advocated to reduce symptoms of arthritis). This understanding of arthritis can be seen in the conceptualisation of arthritis as a condition detailed in Chapter Four, Section 4.3. This conceptualisation represents arthritis as a generally mild condition which can be managed through personal lifestyle changes such as increased activity and exercise. Exercise is recommended by the National Institute for Health and Care Excellence (NICE) as a core treatment for arthritis (NICE, 2014). Both general cardiovascular exercise and targeted muscles strengthening is recommended for everyone with arthritis, regardless of pain, severity or age. As such, the treatment recommended in the conceptualisation of arthritis as a condition aligns with the current treatment advice.

As discussed in Section 6.3.1.3, the importance of 'activity' in ageing is critiqued by some. Activity can be associated with underpinning values of productivity, independence and effectiveness, values associated with people of younger age groups. The attachment of 'moral values to busy lifestyle' normalises intense activity at all ages, regardless of whether this activity is meaningful to those participating in it (Rozanova, 2010). As such, it is argued that the framework of successful ageing does not seek to understand people's own understandings and experiences of age; it is instead prescriptive for how they should age. Furthermore, the assumption of activity at all ages does not take into account people's own circumstances of health and physical functioning. People with more severe arthritis may be unable to undertake such prescriptive levels of socially engaged activity due to a number of restrictions including reduced physical functioning, environmental barriers (such as access and transport), and pain. Therefore other pursuits, including those undertaken alone, may be more meaningful and appropriate for such individuals. Yet this difference is not allowed for within this discourse.

The critique of the lack of recognition of those with health problems and disability has also been levelled at the discourse of 'successful ageing' more broadly. Two of the main components of this discourse refer to a low risk of disease and disability and high physical functioning. Both of these factors are represented in this discourse as being factors of personal responsibility for individuals, which may be controlled through lifestyle factors (Liang & Luo, 2012). Similarly, the conceptualisation of arthritis as a condition advocates that people control their condition through lifestyle changes. In this conceptualisation age is a risk factor for the development of arthritis; however the condition is not considered an inevitable part of ageing. As such, the attainment of successful ageing is possible for most older people, including those with arthritis, when the condition is considered from the viewpoint of this conceptualisation. However when arthritis is considered from the conceptualisation of 'ailment', successful ageing is unattainable. This conceptualisation of arthritis assumes the ailment to be inevitable with age, and continually progressive. Therefore whilst younger people will experience mild symptoms, this is contrasted

against the experience of the 'really old' who may experience severe symptoms of pain and greatly reduced mobility. As such, this understanding of arthritis posits that the components of successful ageing are not feasible for the 'really old', as disability and reduced physical functioning are inescapable.

A second critique of 'successful ageing' is the promotion of a culture of agelessness, where age is seen as negative. This discourse promotes agelessness through the encouragement of pursuits and activities associated with midlife in later life. A culture of agelessness was evidenced in this chapter throughout sections 6.3.1 which discussed longevity, and 6.3.2 which discussed anti-ageing. Such discourses depict an incomplete idea of ageing, as ageing is associated with particular biological changes that are denied in this understanding (Liang & Luo, 2012).

Furthermore, this discourse also creates youthfulness as the norm, and older age is expected to be a continuation of this period. This understanding therefore posits youth to be normal, whilst signs of old age become 'other'. The 'othering' of age can be seen through the relentless quest to hide the signs of old age.

Whilst the 'promise' of ageing reflects these four values (as represented in Table 6.1), the converse is true for the 'perils' of ageing which are the opposite of each of these values.

Understandings of ageing as a peril assumes old age to be the opposite of youth and a time of reduced productivity due to retirement, reduced independence and increased dependence on others and reduced effectiveness due to reduced cognitive and physical function. Successful ageing concepts inevitably lead to the opposing idea of unsuccessful ageing. Therefore those who may not be able to achieve these hallmarks of successful ageing due to disability, illness, structural disadvantage, are considered 'unsuccessful'. This creates a divide between those who have achieved ageing 'successfully', and those who have not. The priority afforded to those who have not aged 'successfully' can be seen in Section 6.2.2 in which personal narratives of the experience of ageing was provided from the perspective of family members. None of these

narratives contained the voices of those who the narratives concerned; instead the older person was silent, whilst the family members discussed the experience of caring for them. This can be contrasted with the articles featured in Section 6.3.1 which discussed individual longevity. As these individuals were considered to have aged 'successfully' the articles regularly featured their voices, and their perspectives were given priority within them.

The counter narratives discussed in section 6.4 attempt to discuss ageing in a way that does not fit the dichotomy of 'peril' and 'promise' represented in this chapter. As such, longevity is not simply represented as a result of individual, lifestyle factors, but as a complex synthesis of wider factors including social and genetic influences and luck. Additionally, the fatalistic attitudes expressed in this section may reflect a protest against the culture of agelessness promoted through discussions of longevity and anti-ageing. Whilst these attitudes may on the surface appear negative, they also attempt to embrace age as a separate and distinct life stage, rather than viewing age as a continuation of youth and midlife.

This discussion demonstrates that age is not a static concept; it is instead shaped by culture and society. Even in a singular framework such as 'successful ageing', this plurality of ageing concepts, where discussion of different ages for the physical body, chronological age and appearance, are evident. Concepts of age are shaped by various factors; however the emergence of discourse on 'successful ageing' can be seen as a direct result of the rise of the rhetoric of fear about the 'ageing population'. This fear, and the accompanying apocalyptic media coverage, led to the emergence of a discourse that tackled such fears by ensuring that age did not cause the level of burden feared. As such, the creation of ageing being a time of health, wealth, independence and opportunity emerged which placed the burden of ageing back on individuals, and removed it from the state. This is in line with current trends towards neo-liberalism which emphasise individual responsibility, and reduce state intervention. Such ideas can be seen throughout the framework of 'successful ageing' which encourages financial productivity, consumerism and independence

from the state throughout the discourse. However in order to continue to promote this discourse, the opposite discourse of age as a 'peril' must also be featured as it provides a consequence for those who do not follow the lifestyle advice to achieve 'successful ageing'. The fear generated from this discourse is required in order to perpetuate the importance of such new concepts of age and the dichotomy is required to ensure that discussions and concepts are still relevant and reinforced. As such, whilst constructions of age as either a 'promise' or a 'peril' appear to be oppositional discourses, they are in fact both discourses of 'successful ageing'. The 'promise' discourse represents the qualities of those who have managed to age 'successfully', whilst the 'peril' represents the alternative – 'unsuccessful' ageing. Therefore the only oppositional discourse to the concept of 'successful ageing' found in this chapter is that of the counter narratives offered in Section 6.4. These narratives of age as a distinct and separate time offer an opportunity for older people to embrace, rather than fight, the ageing process, and therefore offer the only true alternative to the 'peril' or 'promise' of ageing proposed in 'successful ageing'.

6.6 Conclusion

Meanings and understandings of ageing are not fixed; they are shaped by the society from which they emerge. Two main understandings of ageing have emerged from this newspaper analysis, the representation of ageing being either a peril or promise. The discourse of successful ageing can shed light on how ageing came to be shaped this way, as the emergence of this discourse was in response to fear about the ageing population and the assumed burden. As such, age was remodelled to reflect the values of Western society of independence, youth, productivity and effectiveness. These values, and this model, both reflect current political position of neoliberalism that encourages personal responsibility and reduced state intervention. Understanding these perspectives can help shed light onto the conceptualisations of arthritis that emerge. The understanding of arthritis as a condition is in line with the discourse of successful ageing, as it emphasises the role of self-responsibility in the management of the condition, does not consider

age to be an inevitable cause of disease and represents arthritis as a non-severe condition. This is in contrast to the conceptualisation of arthritis as an ailment, which is more closely in line with understandings of age as a peril. The discourse of ailment assumes age to be the cause of arthritis, views arthritis as degenerative and worsening with age, does not consider personal behaviour to change the progress of the ailment, and whilst it may be mild at first, in the later stages (when people are 'really old') arthritis is represented as severe and disabling. The third conceptualisation, identified in Chapter Four, is that of arthritis as a disease. As this conceptualisation considers arthritis to be caused by mechanical loading through activities such as sport, it is most commonly associated with younger age groups. As such, it does not feature in this chapter.

This chapter presented the final findings from the newspaper study. The next chapter (Chapter Seven) presents the findings from the magazine study in which constructions of arthritis were analysed in three magazines – Saga Magazine, Men's Health and Cosmopolitan. The themes presented in the three theoretical findings chapters (Chapters Four– Six) from the newspaper study will be further discussed in the context of magazine articles.

Chapter Seven

Magazine constructions of arthritis: A current, future or unspoken concern?

“If you or anyone you know has arthritis, you’ll likely be aware of how important it is to reduce the ‘load’ on your joints... Overloading the joint increases painful symptoms and can hasten the development of osteoarthritis too”.

(‘Sensible shoes help to reduce OA symptoms’ – Saga Magazine)

“**The future:** The Arthritis Research Campaign (www.arc.com) say the gnarled finger of osteoarthritis will poke one in five of us by 65.

Fight it now: Build swimming into your weekly routine: it strengthens joints but at 12-times less cartilage damaging impact on your joints.”

(‘Futureproof yourself’ – Men’s Health)

7.1 Introduction

The above quotations, taken from articles analysed in the magazine study, illustrate two different representations of arthritis - as a current concern (Saga Magazine) or future threat (Men’s Health). These differences in representation within, and between, magazine coverage are the focus of this chapter. In this chapter I build on the findings of the newspaper study presented in the previous four chapters, in particular the themes explored in Chapter Four (the multiplicity of arthritis conceptualisations) and Chapter Six (constructions of ageing). I argue that the constructions that emerged from the newspaper study are relevant across different media, and that they are used selectively according to the targeted readership of the publication.

As detailed in Chapter Two, Section 2.6.3, fifteen articles were returned for Saga Magazine, and three for Men's Health magazine. All of these articles were analysed by thematic analysis, before three articles (and associated images) from each magazine were analysed more closely using critical discourse analysis. The sample of three was chosen to ensure depth of analysis. The search strategy (described in Chapter Two, Section 2.6.3.2) yielded no relevant articles from Cosmopolitan magazine; however the titles of the articles that did appear in the 'Health' section during the period examined (1st September 2012-31st August 2013) were analysed (Chapter Two, Section 2.6.4.5). This chapter identifies how each magazine represents arthritis (if at all), what factors shape such representations, and what constructions of arthritis emerge. First, findings from Saga Magazine are discussed in which arthritis was represented as a 'current concern'. Second, findings from Men's Health magazine, in which arthritis was represented as a 'future threat,' are presented. Third, Cosmopolitan magazine, and the absence of arthritis is discussed. Finally, the representation of arthritis in each of these magazines is discussed according to the findings from the previous chapters. The central themes from each magazine are explored alongside the three conceptualisations of arthritis (as a disease, condition or ailment) discussed in Chapter Four, and the dichotomous representation of age as peril or promise, discussed in the previous chapter (Chapter Six). The representation of people with disability as either 'saints' or 'scroungers' is not discussed as the topic of disability was not raised in any of the magazine articles in the sample.

7.2 Current concern

Saga Magazine is a unisex lifestyle magazine aimed at the over 50s. In addition to the media branch of the business (which includes both digital and print platforms), Saga also offers products such as holidays and financial services (including health insurance and pensions). Understanding the business structure of Saga is important to understand how they position themselves in the media market, and the construction of 'health' offered in the magazine. Evidence of Saga's

various businesses can be seen throughout both the magazine and the Media Kit, with regular references to both holidays and financial products. The advertising of Saga's own products within the magazine influences how topics relating to such business are constructed. The construction of health is an example of this. Saga Magazine constructs health as a commodity, and links it with financial products such as health insurance. The marketization of health is further seen in articles which promote external businesses through advertisements placed within them. Such articles commonly suggest particular products and services that are deemed to improve symptoms of illness or maintain health.

This section discusses the construction of arthritis as a current concern in three sections. First an overview of the findings from the thematic analysis of all fifteen articles included in the sample is given in which the contradictory representation of arthritis as either a consequence of age or lifestyle is discussed. Then the three articles that were analysed in-depth using critical discourse analysis are discussed. First, 'Senescence and natural ageing' explores the age-related of concept senescence as pivotal to understandings of arthritis. Second, 'The "risk" of ageing' discusses an alternative narrative to age and arthritis in which age is merely a 'risk factor'. The final section presents the construction of ageing in Saga Magazine, comparing representations of ageing found in the three articles analysed in this chapter with representations of ageing found in Saga Magazine's Media Kit.

7.2.1 Lifestyle or ageing?

The thematic analysis of the fifteen Saga Magazine articles shows that arthritis is discussed in five main themes, which are broken down into a further 25 subthemes, see Table 7.1.

Table 7.1 Themes and subthemes from thematic analysis of Saga Magazine articles about arthritis published from 1st September 2012-31st August 2013

Theme	Subtheme
Descriptions of arthritis	Frequency, severity, definitions, types, public understanding and scientific knowledge/evidence
Cause	Age, weight, joint injury and other
Treatment/prevention	Lack of treatment, temperature, physiotherapy, footwear, medication & side effects, surgery, complementary/alternative, diet, weight and exercise
Medical encounter	Healthcare, health insurance and consulting
Age	Age related and caution

The thematic analysis of the articles from Saga Magazine show that arthritis is described as a common condition that is generally not severe. It is represented as common and associated with ageing. An association illustrated through the discussion of arthritis in the context of other age-related bodily changes such as the menopause.

“The average age at which women go through the menopause is in their early 50s... Aches and pains in your joints are also quite common at this time. However, because other joint related problems, such as osteoarthritis are also common at this age, these pains may not always be linked to the menopause.”

(‘Menopause Symptoms’ - Saga Magazine)

The use of scientific knowledge, including evidence from research or the use of ‘experts,’ to validate claims about arthritis was common, as shown in the extract below.

“Perfluorinated chemicals (PFCs) have been in the news a lot... Scientists have been trying to ascertain what effect these chemicals may be having on our bodies, and now new research from Harvard Medical School and Brigham Women’s Hospital, US, links the chemicals to higher prevalence of osteoarthritis.”

(‘Household chemicals linked to osteoarthritis’- Saga Magazine)

Despite the frequent use of experts for scientific validation, the cause and treatments offered in the articles were often contradictory. The main contradiction emerges according to the cause of arthritis with some articles attributing it to age, others lifestyle, and some a mixture of the two. The main lifestyle factor linked with the onset of arthritis is being overweight or obese.

“Previous research has shown that there’s a link between carrying excess weight and developing osteoarthritis (OA), but now a new study suggests that obesity may even trigger inflammatory changes that lead to OA.”

(‘Obesity and osteoarthritis’ – Saga Magazine)

The treatment recommended in articles that link weight to arthritis onset is weight loss and increased exercise.

“The over-50’s sensible motto could be “move more and eat less” as they team exercising with dieting... “Carrying those extra pounds can put people at risk of developing a range of health problems – especially in later life.”

(‘Body-conscious boomers battle the bulge’ – Saga Magazine)

The link between increased weight and arthritis was discussed in the conceptualisation of arthritis as a condition (Chapter Four, Section 4.3). This conceptualisation, like some Saga Magazine articles, represents arthritis as a consequence of poor lifestyle choices (such as obesity and

sedentariness), and recommended lifestyle changes as treatment. Self-responsibility for arthritis due to increased weight can also be seen in an article which links increased claims on Saga health insurance to poor lifestyle choices such as increased weight.

“Carrying a bit more weight could explain why fixing hip and knee joints are among the most frequent claims on Saga’s health insurance.”

(‘Body-conscious boomers battle the bulge’ – Saga Magazine)

The central role of medical professionals in the treatment of arthritis is also found in both the Saga Magazine articles, and the conceptualisation of arthritis as a condition. The below excerpt shows the importance placed on both GPs and ‘specialists’ for diagnosis and treatment.

“Prompt referral

Mr Wise’s hip was painful so he went to see his GP. As he had a Saga Health Plan, he was immediately referred to a specialist and not placed on an NHS waiting list.”

(‘What is health insurance?’ – Saga Magazine)

The references to private health insurance and healthcare seen in the above two quotations illustrate a main difference between the newspaper and Saga Magazine representations of arthritis. Whilst the role of healthcare professionals in treating arthritis was commonly discussed in the newspaper articles that conceptualised arthritis as a disease and as a condition (Chapter Four, Sections 4.2 and 4.3), neither mentioned private healthcare. These excerpts illustrate the central role that private healthcare and health insurance play in the construction of health and the medical encounter in Saga Magazine.

The other main theme that emerged from Saga Magazine is the representation of arthritis as age-related. General deterioration, such as the wearing out and degeneration of joints, was represented as an inevitable consequence of age.

“With osteoarthritis, the problem is more one of wear and tear... It develops gradually over time, and happens when the cartilage in your joints (the tissue that protects the surface of the bones in the joint), degenerates, becoming pitted, brittle and rough. As a result, the bone beneath it becomes thicker, and develops knobby growths and the joint becomes stiff and painful.”

(‘The facts about rheumatoid arthritis’ – Saga Magazine)

The articles that associate arthritis with ageing and discuss it as a normal, everyday illness, commonly recommend idiosyncratic approaches to symptom relief such as the use of alternative and complementary therapy. The use of complementary therapy for arthritis is therefore normalised, with therapies such as progressive relaxation, positive thinking, massage, reflexology, magnet therapy, copper bracelets and dietary changes recommended.

“Sixty per cent of arthritis sufferers are estimated to have tried some form of complementary therapy... The Arthritis Care Campaign (ARC)... has recognised this and is funding studies into complementary therapies such as acupuncture.”

(‘Arthritis and complementary therapies’ – Saga Magazine)

The representation of arthritis offered through such age-related explanations, and the recommendation of idiosyncratic treatments such as complementary therapies, is akin to the conceptualisation of arthritis as an ailment (Chapter Four, Section 4.4). This conceptualisation also discussed arthritis as caused by natural ageing, normalised the ailment as every day and non-severe, and recommended a trial and error approach to treatment including a variety of alternative and complementary therapies.

The thematic analysis illustrates that arthritis is represented in two main ways in Saga Magazine – as a result of ageing or lifestyle. This can be seen in Table 7.1 in which the main causes of arthritis

are represented as age or lifestyle related (weight and joint injury). The next section discusses the association between arthritis as ageing in more depth.

7.2.2 Senescence and natural ageing

This section moves away from the thematic analysis presented above, to discuss the more in-depth discourse analysis conducted on the subset of articles from Saga Magazine. This section discusses two of the articles ('Glucosamine' and 'OA and body clocks') in relation to the concept of senescence and natural ageing. The third article, 'Arthritis myths busted' represents a different view of ageing and arthritis, linking the condition to lifestyle rather than age related factors, and is discussed in Section 7.2.3.

Senescence refers to the biological process of deterioration with age. The idea of senescence was invoked in two of the three articles that were analysed from Saga Magazine ('Glucosamine' and 'OA and body clocks').

7.2.2.1 *'Glucosamine'*

Age is represented in the article 'Glucosamine' as a time of expected and inevitable biological decline. This decline is detailed specifically in relation to reduced levels of glucosamine in the body.

“We need glucosamine to keep making synovial fluid, which lubricates joints and keeps cartilage healthy. Ageing cuts down the amount of glucosamine our bodies can make. Cartilage undergoes a constant process of breakdown and repair. Ideally glucosamine should be available to keep it healthy. If glucosamine levels fall too low, the cartilage in the weight-bearing joints (hips, knees, wrists) deteriorates. You suffer pain; movement is limited and joints may become deformed: this is osteoarthritis.”

(*'Glucosamine'* Saga Magazine)

Reduced glucosamine levels are attributed to natural ageing and presented as the singular cause of arthritis. The link between age, bodily deterioration and arthritis is established and naturalised. However, a solution or remedy to the problem of age related arthritis is offered– taking glucosamine supplements.

“The only way to increase the amount of glucosamine in your body is to take a suitable supplement. A typical dose of glucosamine is 1,500mg per day taken as a single dose, or split into two or three separate doses throughout the day”

(Glucosamine – Saga Magazine)

The supplementation of glucosamine is recommended for those who already have arthritis as a way to reduce and manage the symptoms.

“It is used mainly to combat the symptoms of painful joints and osteoarthritis.”

(‘Glucosamine’ – Saga Magazine)

Glucosamine supplementation is represented as safe and effective in managing joint pain. The article validates the claims made for the absorption, safety and efficacy of glucosamine through references to research such as trials.

Average times for glucosamine to have its affect [*sic*] are at least three to four weeks and perhaps up to 12 weeks. One trial found that almost 90% of patients reported some improvement after 12 weeks... In some clinical trials glucosamine has been found to be at least as effective as ibuprofen in reducing joint pain, without the side effects! Research shows glucosamine helps to reduce the pain in four out of five people suffering joint pain. Evidence continues to mount that glucosamine has a positive role in the management of osteoarthritis. It is safe and well tolerated.

(‘Glucosamine’ – Saga Magazine)

The numerous references to research which supports the efficacy and use of glucosamine in the management of arthritis demonstrate the requirement of scientific knowledge in order to recommend treatment. In this case, the references to research such as clinical trials are used to demonstrate that the supplement is unquestionably effective, as scientific knowledge produced from such research is represented as unquestionable. This is further reinforced through comparatives to well-known management medication such as ibuprofen, which readers may have had previous experience and knowledge of.

Whilst the efficacy of glucosamine is represented as equal to that of ibuprofen, glucosamine is represented as superior due to reduced side effects. The side effects of ibuprofen are mentioned indirectly, which implies that they are well-known and potentially serious. Side effects for glucosamine are detailed fully, but treated as non-serious and inconsequential. The lack of concern for such side effects is further established through the solutions to them offered in the article.

“Side effects may include intestinal gas and softened stools; high doses may cause nausea, diarrhoea, indigestion and heartburn. Taking glucosamine with meals seems to help overcome such problems.

No serious side effects have come to light despite the many studies done on glucosamine. However, there are several concerns that may or may not prove a problem. The first is possible allergic reactions because of its source being shellfish... But, the allergenic part of shellfish is usually the flesh and not the shell. Finding an alternative glucosamine source (plant-based or synthetic) would be the answer. A second possible problem is if you have diabetes. Since glucosamine is a form of sugar (an amino-sugar related to glucose) it might affect blood sugar levels. Tests have not found any evidence that this is a practical concern...

One study has suggested glucosamine could make asthma symptoms worse but more research is needed to confirm this.”

(‘Glucosamine’ – Saga Magazine)

Therefore glucosamine is represented as both safer than ibuprofen, with fewer important side effects, whilst being as effective as the drug in reducing joint pain. As such, glucosamine is represented as a viable treatment endorsed by medical research.

The medical efficacy of glucosamine is further reinforced through the image which accompanies the article (see Figure 7.1 below).



Figure 7.1 Accompanying image from ‘Glucosamine’ article – Saga Magazine

This image of white tablets against a stark pink background connotes the idea of medication. The idea that these tablets are ‘medical’, as opposed to complementary or alternative medicine, is implied through the large quantity of tablets pictured, and the starkness of the rest of the image.

This image therefore links glucosamine, the focus of the text, to tablet taking in a medical environment. As such, the image works to reinforce glucosamine as a scientifically valid medical intervention.

In addition to their use in symptoms management, glucosamine supplements are also represented as having an additional use for the *prevention* of arthritis. Cartilage damage is unequivocally linked previously in the article to arthritis. Such damage is considered to be due to an age related lack of glucosamine in the body, and therefore low glucosamine is represented as the cause of arthritis. As such early glucosamine supplementation is represented as being able to prevent such damage in the first place.

“The basis of glucosamine’s action is that it provides more of the building blocks to repair cartilage... Glucosamine can therefore prevent cartilage destruction.”

(‘Glucosamine’ – Saga Magazine)

The implication of this link between glucosamine supplementation, and the prevention of cartilage damage is that glucosamine supplements can prevent arthritis. This additional use for glucosamine as a prophylactic supplement for those without arthritis is evident throughout the article. The article makes reference to the naturalness of glucosamine in the presence of healthy cartilage, making the point that everybody has ‘some’ glucosamine in their diet. Additionally, there are numerous references to the lack of glucosamine found in the diet, and for supplements being the only options to remedy this deficit.

“Glucosamine is a natural compound found in healthy cartilage. It’s an amino-sugar or amino-monosaccharide, and everybody has some in their body. There is not much glucosamine in a normal diet so supplements are recommended.”

(Glucosamine – Saga Magazine)

The reference to everybody having ‘some’ glucosamine immediately casts the article as relevant to all, but also pre-empts the question of whether everybody has ‘enough’. The making of glucosamine as relevant to all, not just those with joint pain, is reinforced through the language that describes it as natural and required for healthy tissue. This description of glucosamine transforms it into something that is required to maintain health for all. The case is further established through the numerous references to general diets being low in glucosamine. Such suggestions raise the question of general dietary deficiency which, according to the article, can only be remedied through the use of supplements. These recommendations to take glucosamine in the absence of arthritis suggest that the supplement has the ability to prevent arthritis as well as treat it.

7.2.2.2 ‘OA and body clocks’

The link between natural biological ageing and arthritis is made in another Saga Magazine article. In this case the deterioration is associated with cellular ‘body clock’ functioning, the efficiency of which is reduced with ageing, which was thought to be a cause of arthritis.

“Looking at mice the researchers found that the body clock function in older rodents was up to 50% weaker, therefore less effective, than in younger mice. This, they say, might help towards explaining why older people are more at risk of osteoarthritis”.

(‘OA and body clocks’ Saga Magazine)

The term ‘body clock’ features in the research quoted in this article and refers to an inbuilt mechanism in cartilage which controls its ‘circadian rhythm’. The article relates this ‘body clock’ to either causing arthritis, as in the quotation above, or as worsening symptoms, as in the quotation below.

“Now researchers have found that cartilage cells in your joints also have a ‘body clock’ which switches genes on and off. Which may be why osteoarthritis patients find the pain worse at certain times of the day.”

(‘OA and body clocks’ Saga Magazine)

The use of the metaphor ‘body clock’ in this article may suggest more than simply the circadian rhythm of cartilage as the research indicates. The use of the metaphor of a clock is widespread, and commonly associated with ageing and temporality of the life course. This wider meaning is acknowledged in the article through the use of single quotation marks surrounding the term to indicate that it is being used in a specific sense (i.e. to refer to the circadian rhythm of cartilage), rather than the wider sense of life course.

The researchers... also investigated what kind of behaviours affect the cartilage cells’ ‘body clocks’

(‘OA and body clocks’ – Saga Magazine)

Additionally, this alternative meaning is reinforced in two other ways in the article. First, the article makes reference to the body clock being ‘reset’ and ‘retuned’ through specific behaviours including systemic approaches (e.g. restricted mealtimes) and joint focused behaviours (e.g. scheduled heating or cooling of the joint).

“By imposing a rhythm to boost the internal rhythm in cartilage, our data suggests the aged cartilage clock might be *retuned*”... This could be done using systemic approaches... or by targeting the joint itself... They also have plans to look at the ways in which medications could be used to *reset* the cells’ body clocks, potentially providing relief to patients.’

(‘OA and body clocks’ – Saga Magazine [emphasis my own])

Such terminology reflects the wider language of body clocks in relation to life course in which people attempt to 'halt' or reverse their body clock for reasons of anti-ageing or longevity. When used in this broader context, to reset or retune a body clock would refer to people looking or feeling physically younger, often through specific behaviours or medications, again reflecting the article.

The alternative meaning of the term 'body clock' in this article to refer to the life course is reinforced through the selection of the image accompanying the article (see Figure 7.2).



Figure 7.2 Accompanying image from 'OA and body clocks' article – Saga Magazine

The use of shadow and gaze in the image has the effect of focussing the viewer on the part of the clock that is visible – the top of the clock at the number twelve. The positioning of the clock hands being almost in line creates the impression of a clock counting down, or time running out. This effect is further reinforced through the dark colour palette and use of shadow which could signify darkness or night time. Whilst this image could be said to refer to the circadian rhythm discussed

in the article, the angle, focus, position of the clock hands and use of colour and shadow, do not give the impression of a 24 hour continuous rhythm. As such, this clock could also be interpreted as representing a body clock over the life course. Therefore this image may refer to old age, with this period in the life being often metaphorically described as the 'end of the day'.

7.2.3 The 'risk' of ageing

The third article from Saga Magazine is distinct from the two articles discussed above as it does not represent arthritis as inevitable in ageing. As discussed in 'Lifestyle or ageing', the use of research and scientific knowledge to validate the content and claims of Saga Magazine articles is common practice. This practice is reflected in the article 'Arthritis Myths Busted'. However, in addition to providing 'validated' knowledge, the article also exposes the 'ignorance' of those who did not possess such valid knowledge about arthritis, and instead believed 'myths'.

"Many people still believe that cracking your knuckles makes you more prone to arthritis. No one likes to admit they're ignorant about a certain topic but according to findings from medical research charity Arthritis Research UK, only one in four people say they have a poor understanding of what arthritis is. And yet, on further questioning, many of those who believe they do know about arthritis believe common myths."

('Arthritis Myths Busted' – Saga Magazine)

The tone of this text is both incredulous and educative. The article expresses disbelief at the lack of knowledge about arthritis, as well as attempting to 'bust' the myths commonly held by providing 'valid' knowledge.

One such 'myth' is the strong association between ageing and arthritis expressed in the articles discussed in the previous sections. Whilst the previous articles ('Glucosamine' and 'OA and Body Clocks') naturalise the link between arthritis and ageing, this article represents age as a risk factor

for arthritis, but not as the cause of it. To reinforce this point, the article makes reference to the numbers of children and adults under the age of 50 who suffer from arthritis.

“Arthritis is seen as a disease that affects the elderly but few people know that more than 15,000 children also have it, as well as thousands of others under the age of 50. Your risk of developing the disease does increase with age, but with one in six people having some form of the disease, it’s one of the most common long term conditions in the UK. “

(‘Arthritis myths busted’ – Saga Magazine)

In addition to age, being overweight or obese is also considered a risk factor in the development of arthritis.

“Worryingly, around 20% of people didn’t realise that being overweight was one of the biggest risk factors for developing osteoarthritis.”

(‘Arthritis myths busted’ – Saga Magazine)

As such, both age and increased weight are represented as being equally risky. However, as age is not a modifiable lifestyle factor and weight is, more attention is given in the article to weight as it is represented as a matter of lifestyle. Another lifestyle factor that is discussed was the use of exercise in the management of arthritis. Exercise is represented as a treatment option to reduce pain and increase mobility.

“[E]xercise could benefit those with pain from arthritis. Exercise is an effective way to alleviate pain and improve mobility”

(‘Arthritis myths busted’ – Saga Magazine)

Therefore lifestyle factors are represented as both the cause and treatment for arthritis.

Despite attempting to 'bust myths' about arthritis, the article presents confusing advice about the condition. Whilst making the point that arthritis is not an inevitable part of the ageing process, the article conflates arthritis as a singular disease with arthritis as a group of separate diseases. As such, facts about specific forms of arthritis, such as osteoarthritis, are discussed in terms of arthritis as a collection of joint-related diseases. The combination of information about specific forms on arthritis, with information about arthritis more broadly makes the article appear contradictory. This is particularly evident when information is given about the signs, symptoms and severity of arthritis.

“Nearly half of those surveyed thought arthritis simply meant a person would suffer a few aches and pains, not realising that arthritis covers a whole range of conditions that can cause issues ranging from mild pain to internal organ damage and a severely compromised immune system. ..

Early signs of arthritis include joint pain and swelling, stiffness in a joint, grinding sensations in a joint”.

(‘Arthritis Myths Busted’ – Saga Magazine)

This quotation exemplifies the confusion in the article over types of arthritis. Whilst the first half of the quotation discusses a range of different types of arthritis that can result in different symptoms of varying severity, the bottom part is referring to osteoarthritis specifically. However both parts of the quotation use the term ‘arthritis’, with no distinction between whether they are discussing arthritis generally (as a group of conditions), or specifically (such as osteoarthritis). The presentation of such misleading information has implications for the understandings of arthritis gleaned from the article by readers. In particular the link between ‘arthritis’ and ‘future complications’ (such as organ failure and a compromised immune system), may lead people with osteoarthritis to worry unnecessarily about the future of their condition. Whilst this excerpt may prove confusing for readers, the aim of the article may be to counter common and negative

understandings of arthritis, such as the understanding of arthritis as inevitable in old age (as found in the other two articles). Negative perceptions that link arthritis and ageing and assume the inevitability and progression of the condition have been linked to reduced self-efficacy and decreased engagement in self-management (Sanders et al., 2004; Smith et al., 2014).

7.2.4 Constructions of ageing

Two constructions of ageing emerged from in-depth analysis of the Saga Magazine articles discussed above. The first is of ageing as a normal and expected life event and is found in the articles 'Glucosamine' and 'OA and body clocks'. The acceptance of ageing expressed in these articles reflect some of the newspaper perspectives on ageing discussed in Chapter Six (Section 6.4 'Counter narrative'). However, the number of articles that reflected the 'ageing embraced' narrative in the newspaper articles was small, with the majority of articles that discussed ageing reflecting the discourse of 'successful ageing'. This is in contrast to the representation of ageing in Saga Magazine in which two out of the three articles analysed reflect this discourse. This indicates that this perception of ageing may be more common in Saga Magazine than in newspapers (although it is difficult to be certain due to the small sample). If such constructions of ageing are more widespread in Saga Magazine, this may be due to the targeting of articles towards their specific audience, the over 50s. This average of Saga Magazine's readership is older than that of the newspapers in the sample, and therefore these differences in the construction of age may be reflective of this age gap.

This section represented alternative views of ageing where older age was embraced as a separate life stage, and the natural bodily deterioration associated with ageing was accepted. Whilst treatments are recommended in these articles, these treatments are targeted towards preventing or relieving arthritis specifically, rather than attempting to 'anti-age' the body. As such these articles both reflect the idea of senescence, natural bodily deterioration, and appear to accept such changes as normal and expected in old age.

Arthritis is represented as a consequence of this natural process of deterioration. Whilst the two articles highlight different causes for arthritis, one insufficient glucosamine stores and the other disruptions to the body clocks of cartilage cells, both causes are age related. As such, arthritis is represented in these magazine articles as part of natural ageing. This representation of arthritis and recommended treatments are similar to that of arthritis as an ailment discussed in Chapter Four (Section 4.4). Glucosamine supplements are recommended for the treatment of arthritis in the article 'Glucosamine', whilst scheduled behaviour, such as heating, cooling and restricted mealtimes, is recommended in the article 'OA and body clocks'. These alternative and idiosyncratic treatments mirror those suggested as treatment options in the conceptualisation of arthritis as an ailment.

As discussed in Chapter Six, constructions of ageing can influence how arthritis is conceptualised. In the two articles that constructed ageing as normal and accepted, arthritis was represented as part of this natural process, and thus the conceptualisation of arthritis as an ailment was invoked. The relationship between the construction of ageing, the conceptualisation of arthritis as an ailment and the perspective, cause and treatment of arthritis offered in the articles can be seen in Figure 7.3 below.

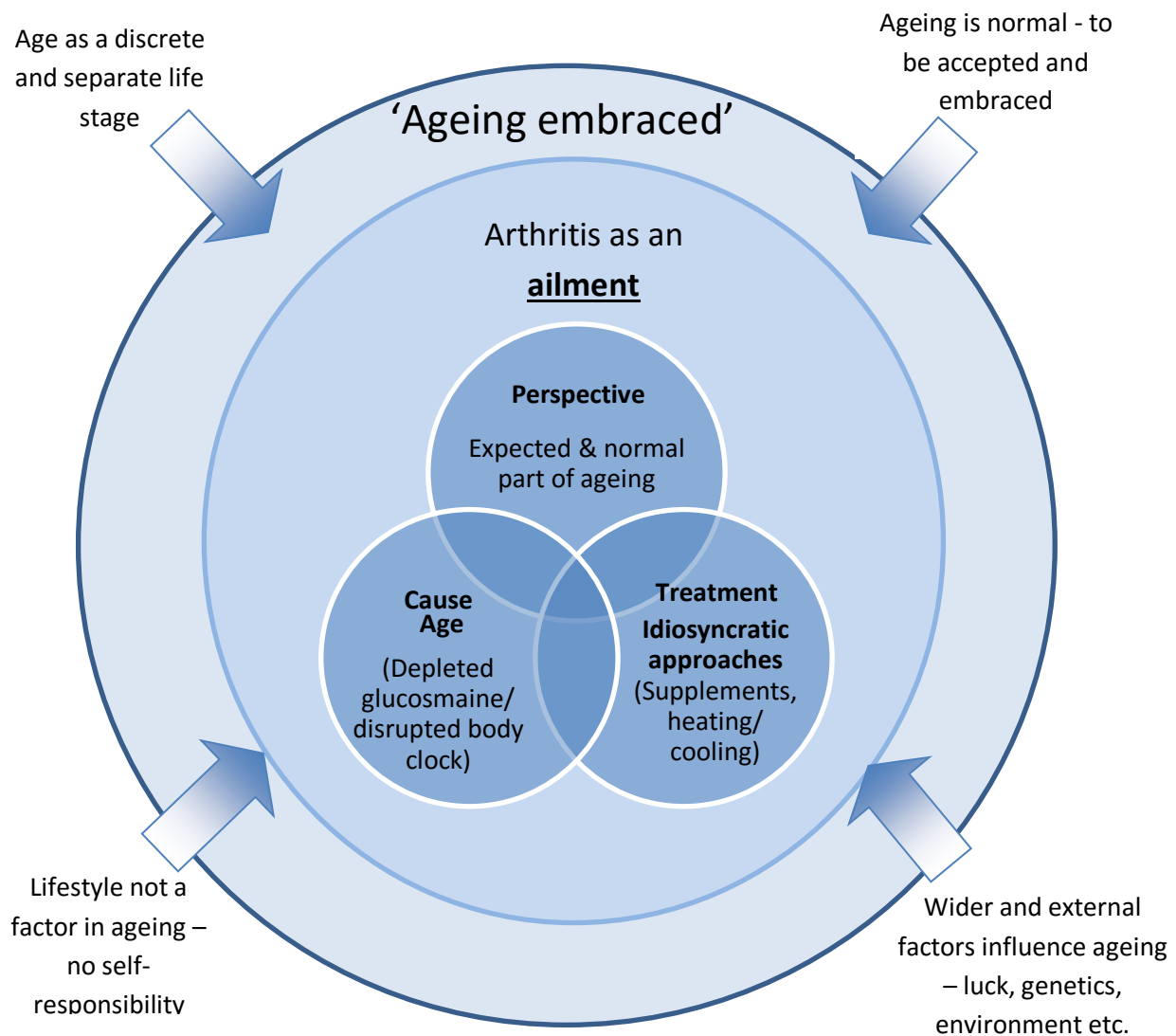


Figure 7.3 Diagram showing the relationship between the 'ageing embraced' construction of ageing (Chapter Six), conceptualisation of arthritis as an ailment (Chapter Four), and perspective, cause and treatment of arthritis offered in the articles 'Glucosamine' and 'OA and Body Clocks' from Saga Magazine

The third article, 'Arthritis myths busted', presents a different view of both ageing and arthritis to those discussed above. This article does not associate age with the development of arthritis; instead arthritis is represented as a condition that could affect anyone, regardless of age.

However as arthritis is more likely to occur in older people, increased age is represented as one of the risk factors for its development. Therefore, unlike the above two articles, the link between

age and arthritis is not naturalised in this article. Instead, arthritis is represented as something that may be unexpected, but that may also be influenced through lifestyle such as being overweight. The representation of arthritis as caused in part by risk factors such as age and weight reflects the conceptualisation of arthritis as a condition, presented in Chapter Four (Section 4.3). The conceptualisation of arthritis as a condition does not represent the condition as an inevitable part of ageing; instead age is represented as one risk factor of many. The treatments for arthritis recommended in the article so too reflect those discussed in the conceptualisation of arthritis as a condition. Exercise was recommended as a way to improve mobility and reduce pain. The role of healthcare professionals is also highlighted, and people with symptoms of arthritis are encouraged to visit their doctor for diagnosis and information about effective self-management, reflecting the role of healthcare professionals in the conceptualisation of arthritis as a condition.

Although this article represents age as one risk factor of many in the development of arthritis, the common perception that arthritis is linked to ageing is referred to in the article as a 'myth'. As such, unlike the other two articles discussed above, age is not constructed as a time of bodily deterioration or inevitable decline in this article. Instead healthfulness in ageing is represented as dictated by lifestyle factors and as a matter of self-responsibility. This construction of age bears similarities to the newspaper construction of 'successful ageing' discussed in Chapter Six. Similar constructions of age are found in the Media Kit for Saga Magazine. Saga Magazine's Media Kit constructs their readership as being 50 years plus and therefore part of an older population. However they also construct this population as enjoying increased longevity, good health, financial solvency (affluent with large disposable income and few financial ties), little personal responsibility, and as being 'good' consumers. Many of these traits are hallmarks of successful ageing, which represents older age as a time of health, wealth and freedom (Liang & Luo, 2012; Ylänné et al., 2009). The relationship between the construction of 'successful ageing', the conceptualisation of arthritis as a condition and the perspective, cause and treatment of arthritis offered in the article can be seen in Figure 7.4 below.

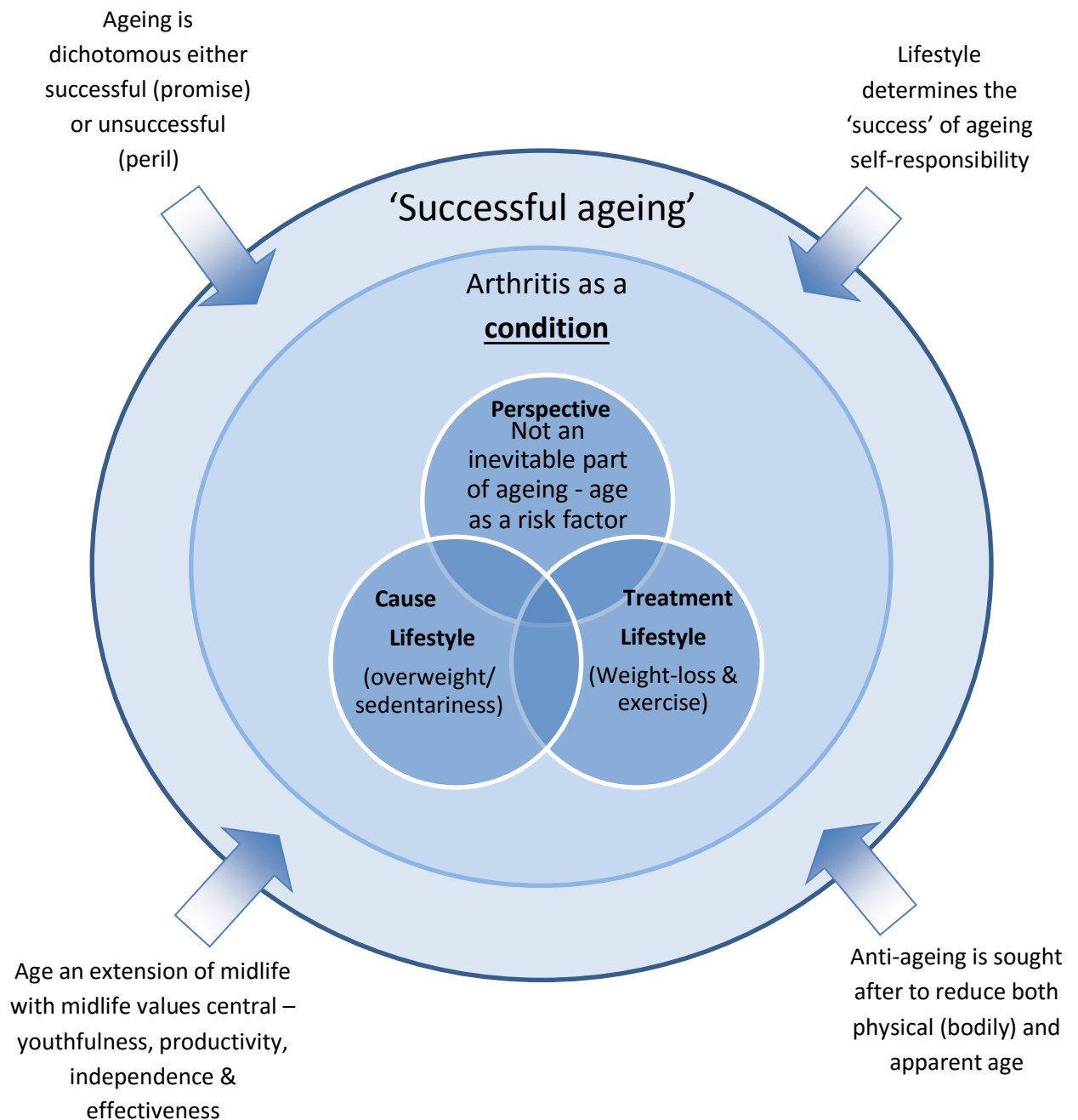


Figure 7.4 Diagram showing the relationship between the 'successful ageing' construction of ageing (Chapter Six), conceptualisation of arthritis as a condition (Chapter Four), and perspective, cause and treatment of arthritis offered in the article 'Arthritis Myths Busted'

The construction of ageing can thus influence how arthritis is conceptualised. The two magazine articles ('Glucosamine' and 'OA and Body Clocks') that represent ageing as a normal and accepted life stage, reflecting the newspaper construction of 'ageing embraced' conceptualise arthritis as

an ailment. The article ('Arthritis Myths Busted') that constructed age as determined by lifestyle and a matter of personal responsibility to guard against, reflecting the construction of 'successful ageing', conceptualises arthritis as a condition. Therefore constructions of age are pivotal to understanding how arthritis is conceptualised and represented in the media.

7.3 Future concern

Men's Health Magazine is a lifestyle and health magazine aimed at men between the ages of 25-44, with an average readership age of 33. The magazine offers both print and online versions. There is an overlap of content between the print and digital versions, however the digital online version also enables additional feature such as interactive tools, including forums, competitions and surveys.

Men's Health magazine constructs their readers as not being merely interested in health, but as people who see health as a lifestyle. As such, the type of 'health' constructed in the magazine is masculine specific and primarily concerned with aesthetics, consumerism and fitness. These main areas of concern are reflected in the site map (an overview of the different areas available on the website, and the number of articles published in each). The key areas with the most articles published (in order of greatest number) are: 'Style & Grooming', 'Relax', 'Muscle', 'Nutrition', 'Health', 'Fitness', 'Sex' and 'Weight Loss'. Out of the three articles analysed in this study, two ('Stay fit in your 50s' and 'More reasons to hit the gym') were located in the 'Fitness' section (subsection 'Sports Training'), whilst the third ('Futureproof yourself') was located in the 'Health' section (subsection 'Self Diagnosis'). Understanding the wider context and the placement of the articles is important as it provides information about how the publication itself views both the article, and the topic that the article concerns. Whilst the presence of an article about arthritis in the health section of Men's Health could be anticipated (as arthritis is an illness and therefore a health topic), the inclusion of two articles about arthritis in the fitness section may be more

unexpected. Therefore an analysis of the wider context of the articles, and their placement, can provide additional information about how arthritis is perceived by the publication.

The future threat of arthritis is discussed in two sections. The first section 'The war on age' discusses how age, and therefore arthritis, was seen as a battle to be fought, and the second 'Exercise: friend or foe?' discusses the contradictory representations of arthritis as both the cause and cure of arthritis and ageing.

7.3.1 The war on age

Age is discussed in two of the articles, 'Futureproof yourself' and 'Stay fit in your 50s', both generally and specifically in relation to arthritis. Due to the target age of the magazine, 'ageing' is not represented as something of current concern, but instead as a future threat. This section will discuss how ageing is constructed in these articles as a 'war', and the implications that such constructions have for the representation of arthritis. This section will examine how age is constructed as an 'enemy' through the two discursive strategies: defence and attack.

The strategy of defence against age is used in the article 'Futureproof yourself'. The article advocates the maintenance or improvement of one's current physical state as a defence against the deterioration of age that would otherwise follow. This defensive strategy is reinforced through the image that accompanies the article, see Figure 7.5 below.

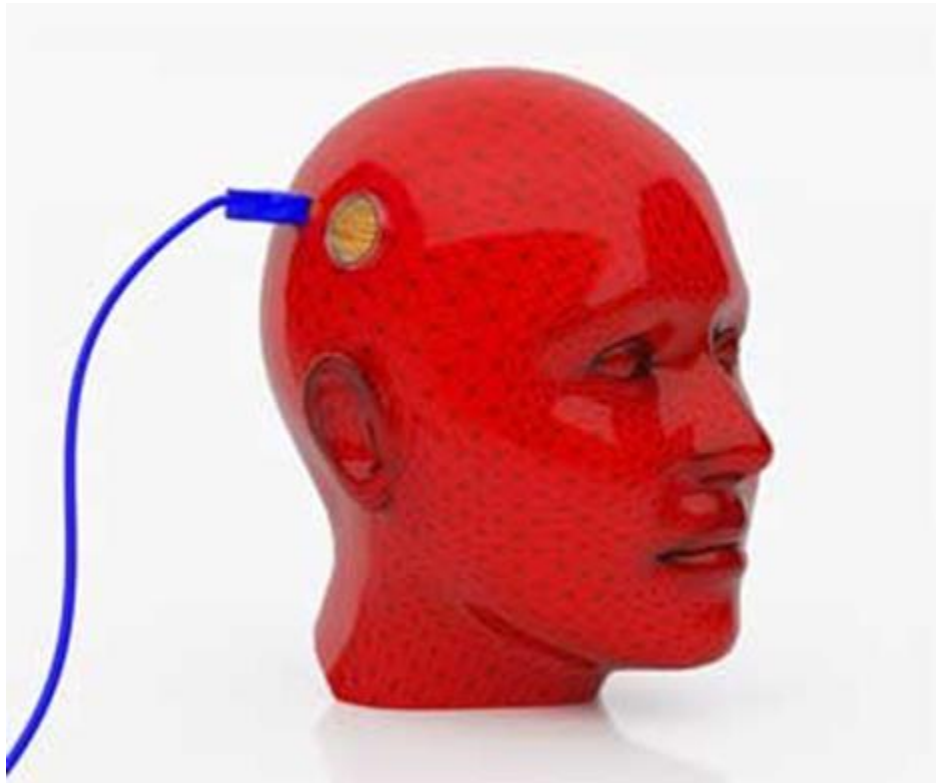


Figure 7.5 Image from ‘Futureproof yourself’ article – Men’s Health magazine

This image shows a futuristic looking head, with a cable attached. The image allows a glimpse into the future. However the type of future portrayed in this image is an infinite one, demonstrated through the impassive and ageless face. This image reaffirms the claims made in the article, that ‘futureproofing’ as a defence against age is both desirable and attainable through following the advice in the article.

The article gives advice to men about how to effectively protect themselves from common age-related problems and diseases. In order to guard against these future maladies the article recommends that readers take ‘pre-emptive’ action against them:

“Take pre-emptive steps now to ensure your body’s fighting fit”

(Futureproof yourself – Men’s Health)

The above tagline sets the tone for the article, constructing age as something in the future which can be defended against now. The language of war is evident in this quotation, with the terms ‘pre-emptive steps’ and ‘fighting fit’ both invoking the idea of a military defence.

All of the problems or diseases listed in the article may be commonly thought of as problems of old age. Prostate cancer, arthritis, sciatica, incontinence, hearing loss and lung cancer are all listed. For each of these issues a bleak description of the future with this issue is given, followed by a defensive strategy that could be used to against that issue now. This not only constructs age related problems as future threats, but also constructs the reader as having the power to prevent such problems through changes to their current behaviour. Such constructions of age, and the problems and diseases associated with age, reflect the young age of the targeted readership. Furthermore, the imperative for action in response to such ‘threats’ of ageing may reflect traditional constructions of masculinity where men are seen as active and action orientated.

Arthritis is one of the problems or diseases that the article discusses. This section also starts with a description of the future with arthritis:

“The future: The Arthritis Research Campaign (www.arc.com) say the gnarled finger of osteoarthritis will poke one in five of us by 65. “

(‘Futureproof yourself’ – Men’s Health)

This description of ageing and arthritis exploits common constructions of ageing used in fiction literature in order to create ‘age’ and therefore arthritis as the enemy. The language of being ‘poked’ by a ‘gnarled finger’ is common in descriptions of old, often female, villains in fairy tales (Warner, 2015). The article makes use of such negative stereotypes in order to position the concept of arthritis in old age as an undesirable potential future that the reader requires resistance against.

To ensure resistance against the future described above, the article provides advice to help protect and strengthen joints.

“Fight it now: Build swimming into your weekly routine: it strengthens joints but at 12-times less cartilage damaging impact on your joints.”

(‘Futureproof yourself’ – Men’s Health)

The above excerpt recommends the incorporation of swimming into readers’ current fitness regime to strengthen joints. Strong joints are considered vital to provide defence against ageing. This may be due to strength being considered a trait of youth, and therefore seen as oppositional to ageing. The relationship between exercise and arthritis is further consolidated in the article through the link between injury and arthritis.

And if ever in doubt, always see the physio. “Lots of men put up with partially torn ligaments and don’t understand the need to regain full muscle strength” says the ARC’s Dr Philip Conaghan. “Festering injuries are the quickest ticket to old age pain”.

(Futureproof yourself – Men’s Health)

The above quotation directly attributes sports injury to pain in old age, both alluding to exercise being a potential cause of arthritis, and arthritis being a condition of old age. This excerpt also uses constructions of masculinity in order to connect with the target audience. Stoicism and ‘putting up’ with pain and injury are seen as a predominantly masculine trait. Such masculine ideals have been recognised in research into health issues as potential barriers to help seeking and early diagnosis (Gough, 2006).

The strategy of attack is used in the article ‘Stay fit in your 50s’. This article also constructs age as a future threat, however rather than defending against age, the article recommends that readers

actively 'anti-age'. This anti-ageing is achieved through being currently fit, and retaining this fitness after the age of 50.

“Follow our guide to stay in shape when you hit the big 5-0”

(‘Stay fit in your 50s’ – Men’s Health)

The age of 50 is represented as being the turning point for age-related problems, an idea that is repeated throughout the article. This is reinforced through an illustration of what life after the age of 50 would be like for readers if they do not follow the advice given.

“50s

Your knees creak like loose floorboards, and your back is up to its old tricks plus a few new ones.”

(‘Stay fit in your 50s’ – Men’s Health)

The above excerpt links joint problems, such as arthritis, with age and represents joint pain and arthritis as inevitable beyond age 50 without intervention. The text also assumes that people in their 50s have stopped exercising, and therefore recommends increased exercise for people currently in this age group.

“Yet by exercising again now you can prevent falls in your metabolism, testosterone, growth hormone, muscle mass, flexibility and bone mass. You’re not just stopping the clock on the ageing process, you’re sticking it into reverse.”

(‘Stay fit in your 50’s’ - Men’s Health)

Exercise is associated with numerous health benefits, many of which are linked with masculinity such as testosterone, growth hormone and muscle mass. These benefits, attained through exercise and lifestyle, are considered to be the key to not only halting ageing, but reversing it. Three main lifestyle behaviours are recommended for ‘reversing’ ageing, these are ‘oil your

hinges', 'set a record' and 'eat breakfast'. The first behaviour, 'oil your hinges' relates to preventing or reducing joint pain and arthritis, and therefore the analysis will now focus on this section.

Joint pain is constructed as a normal part of ageing for the 'average man' and knee pain is represented as particularly common in this age group. The solution offered in the text is exercise.

"The average man begins to have trouble with his knees in his fifties. A lot of men take this as a signal to stop working out, which is the worst thing they could do."

(*'Stay fit in your 50s' – Men's Health*)

The above excerpt demonstrates the 'attack' on ageing that is evident throughout this article. Whilst recognising joint pain as a common experience for people in their fifties, and that stopping or reducing exercise may seem to be the most common sense approach, the article does not condone rest or reduced work outs. As such, rather than constructing people in their 50s as ageing, and therefore having to 'slow down' and reduce their activity, the text instead recommends the opposite. The recommendation of increased activity and workouts for such a group may therefore be interpreted as an 'attack' on traditional views of ageing which encourage people to reduce their activity in preparation for old age. Unlike the previous article which recommended exercise as a method to maintain current fitness and defend against age and arthritis, this article 'attacks' ageing by recommending exercises which can 'reverse' damage and help those with arthritis currently. Therefore exercise is represented in this article as a method of physical anti-ageing – a way of changing the bodily age of a person.

Both articles discussed in this section construct ageing as something to be fought against through the strategy of either defence or attack. Through these strategies, ageing can be halted or reversed. This construction of ageing reflects that of 'successful ageing' discussed in Chapter Six. Both the articles and the concept of 'successful ageing' emphasise the role of lifestyle and

behaviour in the ageing process, stressing the importance of self-responsibility for ageing well. In these articles, arthritis is represented as an inevitable part of ageing, unless specific action is taken to prevent or slow down the process of deterioration. The main method expressed in both articles to prevent or reverse such age related damage is exercise. Therefore these articles express two different conceptualisations of ageing. The inevitability of ageing and arthritis reflect the conceptualisation of arthritis as an ailment (see Chapter Four, Section 4.4). However, the affirmation that readers have the power to 'reverse' this process through lifestyle changes such as exercise reflects the conceptualisation of arthritis as a condition (see Chapter Four, Section 4.3), which recommended exercise as a treatment for arthritis

Arthritis is conceptualised in Men's Health magazine in two ways – as a condition and as an ailment. The different conceptualisations result from how ageing is constructed. Although arthritis is represented as age-related (in-keeping with arthritis as an ailment), this association is not inevitable. Instead the role of lifestyle factors in anti-ageing are emphasised, as thus the responsibility of 'ageing successfully', and therefore avoiding arthritis, is down to the individual and their own lifestyle choices. Exercise is represented as the key to anti-ageing the body and avoiding age-related problems such as arthritis. The relationship between arthritis and exercise represented in the three Men's Health articles is discussed in more detail in the next section where exercise is examined as either a friend or foe.

7.3.2 Exercise: Friend or foe?

Exercise is represented in the Men's Health articles as simultaneously both a friend – assisting readers in reaching their goal anti-ageing and achieving a healthy lifestyle, and a foe – preventing them from doing so. The representation of exercise in this way is particularly evident in the discussion of arthritis and joint pain, where exercise is thought to be both the cause, and the cure, for arthritis. This section will explore this dichotomous representation by examining the construction of exercise in all three Men's Health articles.

The construction of exercise as foe is established through the link made in the articles between arthritis and mechanical load through exercise. The association with joints and mechanical load is evident through how the magazine constructs joints. The article ‘Stay fit in your 50s’, recommends that readers ‘oil [their] hinges’ in order to stay fit. This language relates to the idea that joints, or hinges, require additional maintenance and lubrication with age. This metaphor is mechanistic, and therefore assuming the same deterioration over time that occurs with machinery. The use of a ‘body as a machine’ metaphor is common in descriptions of arthritis (Calnan et al., 2007; Wainwright, Calnan, O’Neill, Winterbottom, & Watkins, 2006). However it is also what Fleischman (1999) describes as a ‘macrometaphor’ for Western biomedicine more generally, in which it operates as both an explanatory device and description of the relationship between the medical establishment and patients.

The construction of joint wearing out over time is reinforced through articles that link particular types of exercise to arthritis. Impact is considered to be a main culprit, as such exercises that enable joints to be rested and avoid such impact are recommended

“For cardiovascular fitness, try aerobic activities that give your knees a rest – cycling, rowing and swimming all fit the bill”

(‘Stay fit in your fifties’ – Men’s Health)

Build swimming into your weekly routine: it strengthens joints but at 12-times less cartilage damaging impact on your joints.”

(‘Futureproof yourself’ – Men’s Health)

These excerpts present a causal pathway between impact exercise, cartilage damage and arthritis. As such, particular exercises are recommended which take the load off joints to reduce the mechanical load and subsequent wear and tear.

Exercise is also constructed as a friend in the articles. In addition to the general benefits of exercise, such as protection against a range of other illnesses and diseases, the creation of an idealised muscular physique and improved mental alertness, exercise is represented as helping to prevent, reduce and improve arthritis.

“According to researchers... pumping iron can help treat patients with osteoarthritis.

Researchers analysed the effects of weight training on patients with osteoarthritis of the knee and the results show a significant effect on wellbeing... The research team concluded that working out in the gym boosts the strength of the muscles in the leg, which helps compensate for the destruction of the knee joint”

(More reasons to hit the gym – Men’s Health)

“Exercise – particularly resistance training- is better than rest for osteoarthritis.”

(‘Stay fit in your 50s’ – Men’s Health)

As indicated above, exercise is represented as a way of potentially preventing further wear, or reducing current wear. However not all exercise is represented as equal. Resistance training is represented as the best exercise for joints. This form of training, which includes exercise such as weight lifting, is in line with the interests of Men’s Health’s targeted readership. Weight lifting is commonly seen as a masculine pastime, associated not just with fitness, but also a particular masculine aesthetic.

The importance of weight lifting for this readership is reinforced through the image which accompanies the article – that of free weights and a barbell, as seen below.



Figure 7.6 Accompanying image from 'Stay fit in your 50's' article – Men's Health magazine

The use of this accompanying image in this article both reinforces the importance of exercise as the solution for joint problems such as arthritis, but also connects this solution with the readers. The image of free weights conveys more than simply exercise, communicating the ideals that the magazine embodies such as the importance of health as both a lifestyle and aesthetic choice.

Exercise is represented as a site of potential conflict in the Men's Health magazine articles, with both the cause and treatment of age and arthritis attributed to it. The solution to this conflict, and whether exercise was represented as friend or foe, is found in the 'type' of exercise recommended. Impact exercise, such as running, is represented as a 'foe' and potential cause of arthritis due to the mechanical load that it places on the joints. Resistance exercise, such as weight lifting, is represented as a 'friend' as it did not cause mechanical wear, and additionally was considered to help joints. Further to the joint related benefits of this form of exercise, resistance training is also linked to many other health benefits, and the attainment of an idealised

masculine physique. Both the type of fitness, and aesthetic image, gained from weight training are key components of Men's Health magazine. Therefore the message that resistance training is beneficial to joint health, and that some other forms of training are detrimental, is in keeping with the wider messages of the magazine and expectations of the readers.

7.4 Unspoken concern

Cosmopolitan Magazine is a fashion and lifestyle magazine aimed at women between the ages of 18-35 years, with median reader age of 28. The magazine has both print and online platforms, with an overlap of content between the two. Although Cosmopolitan Magazine did not have any articles that fitted the search criteria, analysing the content of the 'Health' section enables insight into what is included. Understanding what health topics are considered relevant to the readership of the magazine, and how the magazine constructs health, can allow a better understanding of why articles about arthritis may not be considered relevant.

During the year in which all media articles were collected (1st September 2012-31st August 2013), 53 articles featured in the Health section of Cosmopolitan's website. Articles were analysed using their headlines and straplines. The articles were assigned 'topics' and these were grouped into seven themes. See Table 7.2 for an overview of the themes, topics and number of articles.

Table 7.2 Themes, topics and number of articles from the Health section of Cosmopolitan Magazine (1st September 2012-31st August 2013)

Theme and number of articles	Topic and number of articles
Sexual and reproductive health (8)	Periods (1), sexually transmitted infections (STI)/bacterial vaginosis (BV) (3), contraception (3), endometriosis (1)
Mood (8)	Anxiety/stress (3), negativity/pessimism (3), seasonal affective disorder (1), depression (2)
Body (7)	Body confidence/image (4), plastic surgery (1), beauty (1), anorexia (1)
Diet/weight loss (10)	Diet (6), weight loss (3), New Year resolution (1)
Cancer (8)	Bowel cancer (1), breast cancer (7)
Fitness (4)	Fitness/exercise (4)
Other (8)	Fashion (1), lifestyle, true life story (alcohol related illness) (1), smoking (1), organ transplant (1), staying cool in summer (1), hangover cure (1), sleep (1)

The theme 'diet and weight loss' contains the highest number of articles, with ten articles from three topics within it. The themes 'sexual and reproductive health', 'mood', 'cancer' and 'other' all contain eight articles each, whilst 'body' contains seven and 'fitness' four. The distribution of these articles may indicate that Cosmopolitan magazine considers the topics of diet and weight loss interesting and relevant to their readership. Such findings are in line with other research which suggests that weight loss and dieting are major topics for women's magazines, contributing to one fifth of all editorial content (L. E. Willis & Knobloch-Westerwick, 2013). In addition to diet and weight loss, body related articles (focussing on topics such as body confidence, body image and cosmetic surgery), and those relating to fitness and exercise are also found. The abundance of articles discussing the body, weight and fitness highlight the prominence of these issues in the media targeting young women.

Another key theme was 'sexual and reproductive health', which contained articles relating to STIs, BV, contraception and endometriosis. The inclusion of such articles reflects both the age and the gender of the readership, as sex-related and reproductive health topics may be considered 'youth-centric' and largely relating to women's health. The specificity of articles targeting 'women's health' topics was also noticeable in other themes. Whilst there were eight articles about cancer, only one article related to a cancer other than breast cancer. Whilst breast cancer is commonly understood to be a women's disease (although a small percentage of men are also affected), and therefore in-keeping with Cosmopolitan's coverage of female specific health issues, those at largest risk of developing breast cancer are over 50 (Siegel, Ma, Zou, & Jemal, 2014), and therefore older than the targeted readership demographic of the magazine. As such, the topic of breast cancer can only be considered by the magazine relevant to their readership due to its status as a 'women's disease', thus fitting Cosmopolitan's woman-centric approach to health coverage. The extensive coverage of breast cancer in young women's magazine has been identified in previous research and linked with young women overestimating their risk (Burke, Olsen, Pinsky, Reynolds, & Press, 2001).

The theme of 'mood' also contains a significant number of articles relating to topics such as stress, anxiety and depression. Stress and anxiety were the main focus of three articles, however they also featured in articles relating to sleep and dieting. Stress was represented as normal and expected for readers, and therefore articles were about managing or reducing stress and anxiety rather than living without it. Whilst most of the articles in this theme were focussed on the readers themselves, one article about depression was providing information about spotting depression in their male partner. Thus the articles represented women as being in charge of both their own mental health, as well as that of their partners.

In analysing the absence of articles relating to arthritis in Cosmopolitan magazine, a number of findings have emerged. Diet, weight loss and fitness were all key topics in the magazine; however

there was no mention of joint health. Although weight loss and exercise are core treatments for arthritis (NICE, 2014), the focus of the articles about these topics was not on health but instead on aesthetics. This is in contrast to Men's Health magazine in which exercise and weight loss were linked to arthritis (either as a cause or treatment), as well as aesthetics. The key difference between the focus on weight loss and exercise in Cosmopolitan and Men's Health magazines may be the focus, or lack of focus, on anti-ageing or future health. Whilst Men's Health magazine represents exercise and weight loss as key methods of anti-ageing the body, and therefore preventing arthritis, the articles in Cosmopolitan magazine are focused on current bodily aesthetic, with no mention of anti-ageing. This difference may be due to the fact that Men's Health magazine is targeted at a slightly older demographic than Cosmopolitan magazine, making anti-ageing and future health more relevant for their readers.

The topics covered are not only focussed on the targeted age-group, but are also female-focussed. The inclusion of articles about female health issues such as reproductive health and breast cancer illustrates the narrow focus of the magazine. This female-centric approach means that topics that may not be relevant to the age-group of the readership, but are 'women's health issues' may be included. This can be seen in the case of breast cancer which received broad coverage in the magazine. As such, topics which are not female specific may be less likely to be included. As such arthritis, a condition that is both related to older people and not female specific, is unlikely to feature in Cosmopolitan magazine and therefore will likely remain an 'unspoken concern' in this magazine.

7.5 Discussion

This chapter has presented three different magazine constructions of arthritis – arthritis as a current, future or unspoken concern. This discussion will examine each of these constructions in turn, identifying what factors influence the creation of such construction, and examining them in light of the previous findings in this media study.

Chapter Seven: Magazine constructions of arthritis: A current, future or unspoken concern?

Saga Magazine constructed arthritis as a current concern, an illness that was familiar to, and experienced by, many readers at the present time. The articles that Saga published about arthritis reflect this immediacy, both from the use of language in the articles which directly addressed the readers (such as the use of the personal pronoun 'you'), to the topics of the articles which offered current advice and information specifically about arthritis. One explanation for Saga Magazine constructing arthritis as a current concern for their readers could be the link between arthritis and the older population targeted by the magazine.

Two of the articles ('Glucosamine' and 'OA and body clocks') directly linked arthritis and ageing. Such links between arthritis and ageing may explain why articles about arthritis are represented as being of interest and current concern to readers. However the third article analysed ('Arthritis myths busted'), and the Saga Magazine Media kit, does not construct arthritis or ageing in this way. In these texts, ageing is not represented as a period of decline, but instead as a time of health and freedom. As such the discourses in the texts closely align with wider discourses of 'successful ageing'. The alignment of arthritis with the discourse of 'successful ageing' is achieved through the construction of arthritis as a concern for all, regardless of age. Both ageing and arthritis are constructed as being influenced by lifestyle. The focus on lifestyle and self-responsibility enables arthritis to also be constructed in this article as a current concern.

The reason for the difference in constructions of ageing, and therefore representations of arthritis, may be partially accounted for by factors of production. Two articles ('OA and body clocks' and 'Arthritis myths busted') were based on press releases from research, whilst the third, ('Glucosamine') was one article in a series looking at vitamins and minerals. The use of press releases in the construction of magazine articles can influence the language, content and structure of an article. Elements of press releases, such key phrases, explanations, and structures are commonly copied exactly. As such, a press release will influence how a topic is represented.

In the case of the article 'OA and body clocks', there was some overlap in the language used between the press release and the article (see Appendix Eleven). However one key difference was the use of the term 'body clock'. Whilst the press releases used the term 'clock' once, this was not the focus of the article which instead discussed a circadian rhythm. Whereas the article repeatedly uses the term 'body clock', and reinforces this idea through the use of an accompanying clock image. Therefore, despite the overlap in some content, the use of the term 'body clock' and accompanying image which link age and arthritis could represent the author's stance on the topic.

There is a high degree of overlap in language between article 'Arthritis myths busted', and the press release the article was based on (see Appendix Eleven). Yet, despite the same language and phrases being employed, the structure of the two articles is different. The press release is much longer than the article indicating that the author selected different items from the press release to construct it. This selection process means that some of the statements made in the press release separately are merged together in the article, without any change to the language to add clarity. This may explain the confusion apparent in the article between factors relevant to arthritis generally (when discussing a group of conditions), and those concerning specific types of arthritis such as osteoarthritis. As the majority of the content in this article was supplied by the press release, rather than written by the author, the underlying conceptualisation of arthritis as a condition expressed in the press release was also expressed in the article. As such, the construction of ageing in this article may not reflect the author's position on the topic, but instead may reflect the stance of the researcher's.

Finally, the 'Glucosamine' article is one article in a series about health supplements and not based on external research or a press release. As such, this article may be considered to best express the views of the magazine and their writers about ageing and arthritis. This article constructs bodily ageing as a natural event, which in turn is associated with the development of arthritis. Whilst

supplements are suggested for both the prevention and remedy of arthritis symptoms, there is no suggestion in the article for wider anti-ageing. As such, the representation of arthritis in this article mirrors that of the conceptualisation of arthritis as an ailment, discussed in Chapter Four, in which arthritis is attributed to natural ageing processes. It is this conceptualisation of arthritis as an ailment that may reflect the wider construction of arthritis in Saga Magazine, and can account for the representation of arthritis as a 'current concern' for their readers.

The construction of arthritis as a future threat for Men's Health readers emerges from two of the articles analysed in the sample – 'Stay fit in your 50's' and 'Futureproof yourself'. In both of these articles arthritis is closely associated with the ageing process. Therefore the representation of arthritis in these two articles is akin to the conceptualisation of arthritis as an ailment discussed in Chapter Four. However, whilst arthritis development is associated with ageing, the ageing process itself is represented as something that should be fought. Two methods are offered for the battle against age - attack and defence. Anti-ageing the physical body is represented as a method to prevent, or reduce, arthritis. This approach to ageing and the body was also seen in Chapter Six, Section 6.3.2.1, where bodily anti-ageing was recommended in order to reduce the physical, rather than chronological, age of a person to reduce their susceptibility to arthritis. It is the employment of this anti-ageing approach that constructs arthritis as a current threat in Men's Health magazine.

The key to anti-ageing, and therefore preventing or reducing arthritis recommended in all three Men's Health articles is exercise. Whilst the articles represent age as the underlying cause of arthritis, the treatment of exercise for arthritis mirrors the treatment recommended in the conceptualisation of arthritis as a condition (Chapter Four, Section 4.3.3). However, exercise is represented in these articles dichotomously, as both the cause and cure of arthritis and therefore as friend and foe in the battle against ageing. The solution offered to resolve this conflict relates

to the 'type' of exercise undertaken. Impact exercise (such as running) is perceived to speed up the onset of age related arthritis through mechanical load and is therefore discouraged.

The association made between mechanical load and joint damage is akin to the conceptualisation of arthritis as a disease, discussed in Chapter Four, Section 4.2.2. However a key difference between these representations of arthritis is the role of ageing. Whilst arthritis as a disease is only associated with mechanical load caused through any type of exercise, and usually found in the young, the Men's Health articles link arthritis and ageing. As such, in these articles, only specific exercise is linked with excessive mechanical load, and it is this load that leads to increased bodily ageing and causes arthritis. Therefore it is the bodily ageing *caused* by the mechanical loading, rather than the mechanical loading *itself* that is linked to the development of ageing in these articles. Furthermore, the articles in Men's Health recommend particular types of exercise to slow down ageing and provide protection against ageing and arthritis, a recommendation not found in the conceptualisation of arthritis as a disease.

The one form of exercise that is consistently recommended in the Men's Health articles for the prevention and management of arthritis is resistance exercise such as weight lifting. Resistance exercise is thought to increase strength, stability and flexibility of the joint and therefore be able to prevent joint damage and reduce any current pain. This recommendation is in line with current NICE (2014) guidelines which recommends targeted strength training for the management of arthritis. Additionally, the representation of resistance exercise as the best form of exercise for arthritis coheres with the elevated status of weight training within Men's Health magazine generally. Weight lifting is the core focus of Men's Health magazine. It is a form of exercise that is associated in the magazine with strength, a sought-after aesthetic, fitness and masculinity, all of which are central principles for Men's Health according to their Media Kit (Men's Health, 2012).

Unlike Saga Magazine and Men's Health magazine, Cosmopolitan magazine featured no articles about arthritis during the collection dates. The analysis of the article titles that did feature reveal

that health topics that are considered relevant to the target audience of the magazine, due to the age group and/or gender focus, feature in the articles. As such, the majority of articles in Cosmopolitan's health section are directly relating to young women. The one exception, articles about breast cancer, may not be relevant to the age group, but as they are 'women focussed' they are considered pertinent and therefore are published. As such, articles about arthritis may not feature in Cosmopolitan magazine due to the perception of arthritis being both a condition of old age and unisex.

This discussion demonstrates that factors of media production, such as the magazines core principles and interests of their perceived target audience, influence how arthritis is represented.

7.6 Conclusion

This chapter has discussed the construction and representation of arthritis in three online magazines with different targeted readerships, Saga Magazine, Men's Health and Cosmopolitan. Whilst the construction of arthritis in the magazines bears similarities to the constructions found in the newspaper study, with crossovers particularly in the conceptualisation of arthritis and the construction of ageing, this chapter has demonstrated specifically the influence of factors of production in the representation of arthritis in the media. Each magazine constructed arthritis differently – as a current concern, future threat or unspoken concern. These constructions were shaped by the magazine's perceived readership and core messages.

This chapter has shown that although constructions of arthritis bear similarities across different forms of media, differences between publications are also evident. These differences are determined by factors such as age and gender. The shaping, or lack of, arthritis constructions according to readership demonstrates the widespread influence of media production factors in the representation of topics in the media.

Chapter Seven: Magazine constructions of arthritis: A current, future or unspoken concern?

This chapter is the last in the findings from the media study. The next chapter, Chapter Eight, will present findings from the two focus groups conducted to explore media reception.

Chapter Eight

Media reception:

The negotiation of arthritis representations

8.1 Introduction

Chapters Three to Seven have investigated representations of arthritis in British newspapers and magazines. As highlighted in Chapter Two, another domain of media research is that of reception. To investigate the media reception of messages about arthritis, and to address my third research question ('how are media representations of arthritis discussed and reflected on by social groups?'), focus groups were conducted with pre-acquainted groups. This chapter reports the findings from the two focus groups.

The groups had different characteristics. One group comprised younger people (early twenties), who were members of a University sports club; this group are referred to in this chapter as the 'sports group'. The second group were older (aged from approximately late forties to early seventies), and were members of a community weight loss group; this group are referred to in this chapter as the 'community group'. For more details about the group selection and composition, see Chapter Two (Section 2.7.2).

This chapter reports on how the focus groups received and negotiated media messages about arthritis and related topics. Most discussion in the groups resulted from questioning about their perceptions of arthritis in the media generally. In addition to general questioning, stimulus material was used (see Appendix Seven). When the discussion is the result of stimulus material directly, this is indicated. Four main themes emerged from the focus group analysis. These themes correspond with the findings from the previous four findings chapters. Some of this

correspondence may be due to the fact that I conducted the analysis on the focus groups after I had analysed the media representations. Therefore I may have been more aware of these particular themes emerging from the discussions. However, as the focus groups were conducted to investigate media reception, it was important to understand the groups' perspectives on the main themes in this thesis. Therefore having an awareness of the media representations during analysis of the focus group data was important. The four themes - constructions of arthritis (Chapter Four), disability (Chapter Five), ageing (Chapter Six) and the media (Chapter Seven) are presented below.

8.2 Arthritis

In this section, the groups' perceptions of arthritis and the representation of arthritis in the media are outlined. As in Chapter Four, this section is structured according to perceived causes, treatments and the severity or outcome of arthritis. This enables comparison of the views offered in the groups, with those presented in the newspapers.

The participants used various narrative strategies to discuss the topic of arthritis, combining personal and familial knowledge and experience with their understandings of the media's coverage of health and arthritis. The number of sources drawn on to discuss the topic is reflected in the complexity of discussions and negotiations evident in the focus groups. However, despite the analytic difficulties that such complex discussions cause, they are likely to accurately reflect how media is received, comprehended and negotiated in reality. Comparisons between arthritis and other conditions were commonly employed to strengthen their own arguments about arthritis, provide rationale for how it was reported, or justify points made. Such comparisons are reflected throughout this chapter when they were used by the participants.

8.2.1 Cause

The two main causes for arthritis were proposed by the groups - age and sports related injury. The hypothesis of arthritis being related to age is the most frequently used, and seemed to be accepted amongst participants in both groups. This understanding of arthritis presented arthritis as an inevitable and expected part of the ageing process.

Sports Group:

Beth: *Like, that you always get the same story of this per-, all the elderly people,*

Anthony: *Mmm*

Beth: *its winter and they're gonna, erm they can have arthritis, it's like it's just a norm*

Kyle: *Yeah*

Beth: *People have arthritis*

Felicity: *Or to expect someone that's a bit creaky and old had got arthritis*

[...]

Felicity: *I think you get it when you're old and you think kind of like it's inevitable*

Community group:

Jennifer: *But, but we can't cure age and sometimes the symptoms of ageing, we, to some extent we, we can try and eh prevent, but we can't cure, because age is something that no-one can, right?*

[...]

Sharon: *No it's got, it's got that inevitability isn't it*

Dennis: *yeah*

Sharon: *We assume that at some point we will suffer from joint pain*

As the two excerpts above illustrate, age is generally agreed to be the main factor in arthritis, with both verbal and non-verbal agreement expressed by the participants in response to such perceptions. Both groups indicated that arthritis is 'inevitable' and that this inevitability makes it both normal and expected in the ageing process. The community group referred to arthritis as one of the 'symptoms of ageing', and discussed attempts to 'cure' age. This suggests that age was perceived by some as an illness that is incurable, and arthritis is a symptom of this, rather than a standalone illness. This perception of arthritis as inevitable and expected in ageing mirrors the conceptualisation of arthritis as an ailment discussed previously (Chapter Four, Section 4.4). Both the perception of arthritis offered in these discussions, and arthritis as an ailment, are based on the same constructions of ageing being a time of natural decline. The perceptions of ageing raised by both groups are discussed in more detail later in the Chapter, in Section 8.4.

Despite the consensus reached by both groups about arthritis being caused by age, participants also questioned age as the sole cause of the condition.

Community group:

Lois: But it, but it isn't just, a, a, something that comes to old people is it arthritis?

Margaret: mmm

Lois: I know somebody that was very young,

Margaret: I think so

Lois: childlike, that got this

Group: [muffled background talk]

Margaret: they get it

The fact that young people can have arthritis appeared to contradict the consensus reached that arthritis was a condition of age. In order to resolve this contradiction, both groups suggested an alternative cause for arthritis in young people – sports related injury. Sport was discussed as

causing arthritis through a combination of high impact force and injury. Both groups discussed such links in terms of their own experiences in order to provide context and justification for their opinion. Whilst neither group expressed the opinion that sport inevitably leads to arthritis, as they did for ageing, there is the implication that sport does dramatically increase the risk of developing the condition at a younger age.

Sports group:

Felicity: *I don't think it's inevitable*

Anthony: *someone in this room might*

Felicity: *but i think a high*

Beth: *I think it's like, yeah*

Felicity: *like out of us like,*

Beth: *Yeah, yeah*

Felicity: *we all play sports so something might go wrong*

Beth: *mm hmm*

Felicity: *i think it's quite common*

Anthony: *I've got no knee anyway*

Group: *laughter*

Felicity: *it is*

Tom: *Chris's [a friend on their sports team] already got it*

Beth: *mm yeah*

[...]

Beth: *I mean I know there's kind of a link between like knees and like*

Felicity: *impact from running*

Beth: *impact yeah, the impact*

Kyle: *yeah, yeah, I knew that actually*

Anthony: *yeah*

Beth: *em*

Kyle: *I've heard about running too much*

The link between sport and early onset of arthritis seen in the excerpt above is similar to the causal pathway offered for arthritis in the conceptualisation of arthritis as a disease. Both understandings of arthritis link the impact and injury of sport to the development of arthritis. Whilst the above excerpt does not mention the term 'wear and tear', a key feature of the conceptualisation of arthritis as a disease, the same causal mechanism is implied. The link between 'impact' on the knees through 'running too much' indicates that the group believe 'wear and tear' to be one cause of arthritis. As discussed in Chapter Three (Section 3.3.2), although the exact terminology of 'wear and tear' may be infrequently used (or at times absent) in media representations of arthritis, as it is in this discussion, the implication behind the term is simply expressed in other language. Therefore the view that arthritis is caused by mechanical overload was commonly expressed, although not through a singular term or phrase.

8.2.2. Treatment

Both groups discussed numerous treatment or remedies for arthritis, although the content of these discussions differs. The community weight loss group collectively had more personal experience of arthritis. As such, they discussed treatments and remedies in more detail, combining their own experience, with the experience of friends and family, and reports that they had seen in the media. The sports group did not discuss treatment at length; however they did briefly discuss the role of lifestyle in treating or reducing arthritis. All of these treatments are discussed in more detail below.

The community group discussed newspaper articles in which products were advertised. When copper or magnetic bracelets were mentioned, a discussion ensued about the utility of such

treatments for the condition. When this item was first introduced most of the group dismissed such treatments by laughing, and making jokes. However during the discussion it emerged that one member had personal experience of using magnetic bracelets, and believed strongly in their efficacy. She explained to the others why they work, and attempted to convince the group of their effectiveness, as can be seen in the excerpt below.

Community group:

Cynthia: *Copper bangles and all that stuff*

Group: *[murmured agreement]*

Group: *[cough]*

Int: *You've seen, you've seen that*

Margaret: *you see those magnets..*

Group: *yeah*

Dennis: *I just thought that stopped you getting hit by lightening*

Margaret: *No*

Group: *[laughter]*

Dennis: *No?*

Margaret: *What a magnet does is that..*

Dennis: *Oh is it something?*

Margaret: *is it redirects the pain so as you...*

Int: *Right*

Margaret: *is that not so?*

Int: *I'm not sure, I really don't know..*

Margaret: *I think so, I think that a magnet in the right place*

Int: *Ok*

Margaret: *Whether it is just a wrist magnet, but they won't they won't stop the pain and they won't make anything better but they redirect it*

Int: *Right*

Margaret: *As it doesn't keep hitting you up here (gestures to head) that's you in agony..*

[...]

Dennis: *Is it more somatic then is it?*

Margaret: *No it's, no..*

Dennis: *Oh does actually it work then?*

Margaret: *Yes, definitely*

Dennis: *Oh right then*

Margaret: *Yes they definintely work, a magnet re-directs the pain*

Group: *Hmm*

Margaret: *Because our bodies nervous system carries the pain to tell you, which is why people who have no feeling burn their legs in front the fire because they don't get pain*

Dennis: *Oh, I see what you mean, yes, right*

The above excerpt demonstrates that whilst at first Margaret was tentative when introducing the idea of magnetic bracelets, perhaps because she sensed scepticism for them in the group, she went on to argue for their efficacy with more conviction. Whilst at the end of this discussion, the agreement from the main sceptic Dennis may have been a way to ease tension rather than indication of any true belief, the majority of the group appeared either in agreement of their potential, or less cynical of them after the discussion. This extract demonstrates how both understandings of conditions, and media messages about them, may be negotiated in group situations, and understood differently as a result. Therefore regardless of the strength of the original belief, such beliefs may be challenged, questioned and changed during social interactions with others.

The group's ability to recall products advertised in newspapers for the treatment or relief of arthritis, such as the copper or magnetic bracelets discussed above, reflects the findings of the newspaper study. In Chapter Four, 95 different treatments emerged from the articles relating to

arthritis as an ailment (discussed in Section 4.4.5), of which many featured in advertisements such as those seen by the community group. Copper and magnetic bracelets were one remedy suggested in the conceptualisation of arthritis as an ailment; however a trial and error approach to the remedy is suggested, and no explanation for the reasons that they may work are given, as Margaret suggested above.

In the community weight loss group painkillers were also discussed at length as a treatment option for arthritis, although with little reference to the media's reporting about painkillers. Instead, personal experience was drawn on, whether their own, or their knowledge of a friend or family member's experience. The only time that the media was referenced in relation to painkillers during the discussion was in relation to drug side effects. One case mentioned was the scandal around Vioxx, an anti-inflammatory prescribed for joint conditions such as arthritis, illustrated in the excerpt below. It was acknowledged earlier in the discussion that the group had all seen media reports of warnings about pharmaceutical drugs, such as painkillers, that may have detrimental effects. This theme was returned to during a discussion relating to a newspaper article about research into broccoli as an arthritis treatment provided as stimulus material (see Appendix Seven). During this discussion, Cynthia drew on the experience of a family member to discuss the effect of such medication problems on the public's trust.

Community group (discussion about stimulus material, see Appendix Seven):

Cynthia: *I don't know if, if if, my aunt suffered very badly from osteoarthritis and took early retirement on medical grounds and she took a drug called Vioxx and that was a miracle drug and then it was withdrawn*

Int: *ok*

Cynthia: *because it was found that it caused all sorts of other problems*

[...]

Cynthia: *I can't remember what problems no, but you know, just for argument sake in a couple of months they could put in an article saying actually chaps we've found broccoli is just about the worst thing*

Jennifer: *(laughter) yeah*

Cynthia: *because it will cause you some other problems*

Int: *yeah*

Cynthia used the experiences of her aunt to question the safety of new treatment into arthritis developed through research, such as those proposed in the article. This excerpt demonstrates a level of cynicism about new treatments and research, indicating that the speed at which scientific knowledge and medication advice changes erodes confidence in new research and treatments. The link between painkillers and unintended side effects was also identified in arthritis as a disease (Chapter Four, Section 4.2.7), where new drugs and medical innovations were identified as 'high risk/high reward'. However, unlike in the focus groups, this section represented such problems with new drugs as inevitable and justifiable side effects of medical progress. A second problem with medication is identified in this group – the 'masking' effect of painkillers, resulting in people 'overdoing it' and worsening their condition. Therefore painkillers were seen to be in conflict with the self-management technique of 'pacing' that the group identified as important. The conflict emerged as the group argued that painkillers prevent proper pacing as judgement about pain levels is impaired. As such, pain was judged by the group to be a positive symptom, and any method of masking it as against nature.

Community group:

Margaret: *So, so, you've got to not go, oh I'm not in pain*

Cynthia: *No*

Margaret: *I'll do everything I normally do*

Group: *(hmm)*

Margaret: *You've got to go*

Margaret: *(muffled) it's good, It's good I'm not in pain but I still must be careful*

[...]

Margaret: *pain is a good thing..*

Thelma: *it's there, it tells you something*

Margaret:... *because it protects us*

The idea proposed in this discussion that painkillers prevent proper self-management or pacing is opposed to the current NICE (2014) guidelines which recommend that painkillers are used alongside self-management techniques such as pacing, to assist in the management of the condition. Therefore the NICE (2014) guidelines propose that pacing and medication work harmoniously together, whereas the focus group discussed them as being in conflict.

In the sports group, although treatments for arthritis were not discussed specifically, lifestyle was felt by the group to be important in the maintenance of health. The group proposed a strong link between poor lifestyle and poor health. They felt that education about good lifestyle is more than adequate, and that lifestyle related illnesses are therefore the responsibility of individuals. However, despite these strong views, a conflict emerged about current lifestyle advice around exercise and the link between sports and arthritis discussed in the previous section.

Sports group:

Toby: *I just think it's a bit conflicting when they try and encourage you to do more exercise to get us for obesity and then there's a bit of scaremongering again amongst doing too much exercise and you're going to ruin your knees*

Kyle: *Yeah*

Toby: *you know so you can't do too much because I'll pay for it later on*

Int: *yeah*

Toby: *but I'll do some, so I don't know how much to do*

Int: *it's getting that balance right isn't it is kind of*

Felicity: *people that go road running everyday*

Kyle: *mm*

Felicity: *that's not going to end up well*

Kyle: *no*

Group: *laughter*

Felicity: *(laughter) it's not, they'll have no spine left*

Group: *laughter*

Anthony: *a dropped out vertebrae*

This excerpt demonstrates that although the participants felt that exercise is important to reduce obesity and maintain health, they also linked increased levels of activity to arthritis, resulting in conflicting messages. This conflict resulted in the group questioning the utility of such advice, and how they are able to apply it to themselves. A similar dilemma was presented in Chapter Seven, (Section 7.3.2), in which exercise was discussed as both 'friend' and 'foe' in Men's Health magazine. In this magazine, the cure for arthritis was proposed as exercise (in line with the conceptualisation of arthritis as a condition), however the theory of mechanical load as a cause of arthritis (in line with the conceptualisation of arthritis as a disease) was also employed. The resolution reached in this magazine was through the 'type' of exercise. As such, running was presented as causing arthritis due to continual impact (a causal pathway suggested in the focus group), whereas weight lifting was suggested as not causing excessive load and presented as the 'cure' for arthritis.

8.2.3. Severity and outcome

Both groups commented on the relative lack of media coverage about arthritis, and they speculated that this may be due to it not being perceived as a severe condition. The groups raise a number of reasons for why arthritis may not be considered as severe as other diseases,

discussing fear, contagion, fatality and commonness. This section will explore each of these factors in turn.

Arthritis was discussed in both groups as not being a severe disease. In order to reinforce this point, both groups compared arthritis to Ebola, a disease which is seen as severe, contagious, potentially fatal, acute and prolific in the media.

Sports group:

Anthony: *Ebola wasn't, it was an instant thing, people want to listen to Ebola because however horrible the virus is, its killed a few thousand people, arthritis isn't, it can lead to, inadvertently lead to health issues that might kill you, but it's not gonna to be bleeding out all your orifices are you?*

The use of Ebola as a comparative to arthritis emerged continually throughout both groups' discussions. The reason that Ebola was discussed so frequently is twofold. First, Ebola was headline news at the time that the focus groups took place (between October and December 2014). Therefore it was likely to be at the forefront of people's mind during this period. Second, Ebola was felt to be the perfect counter to coverage of arthritis as the disease is presented as being opposite in terms of severity, media coverage, timeliness, nature (acute) and public awareness.

Community group:

Int: *Why do we think that Ebola has become headline news you know, why do you think that there has been so much coverage? Any ideas about..*

Cynthia: *Fear*

Int: *Why that may be?*

Cynthia: *Fear*

Int: *Fear?*

Thelma: *Fear*

Lois: *Fear*

Group: *Fear*

Int: *Ok...*

Dennis: *It's a killer*

Cynthia: *Yeah*

[...]

Dennis: *We haven't got a cure properly yet*

Cynthia: *No, there is no cure*

Both groups identified factors that explain why the media coverage for Ebola is so high. These include fear, element of contagion, place of origination, ability to kill, gruesomeness of death, the acuteness of the disease, the threat to populations and the lack of treatment or cure. These factors were likened in both groups to the plague; a disease which both groups indicated may provide a template for public understandings and media reporting of the disease.

Sports group:

Kyle: *It's like the, the nature of Ebola is like an epidemic*

Int: *Mm hmm*

Kyle: *It cap, it almost like captures people's imaginations, you see, its like they've seen films, and obviously they've known about the plague in the past*

Felicity: *Zombie apocalypse*

Kyle: *Yeah, honestly, stuff like that, they think it's going to be the next sort of, almost exciting thing but*

Community group:

Cynthia: *It's like, it's like, a plague isn't it*

Group: *(murmured) It is, it is, yes, yes*

Cynthia: *like when we were school children we used to terrify ourselves with talking about the Black Death*

Lois: *oh yes*

Dennis: *Yeah*

Int: *Ok*

Group: *(murmured agreement)*

Group: *(laugh)*

Thelma: *Its sort of an epidemic really*

Cynthia: *And it, it, it didn't quite keep me awake at night, but you know sort of (laughter), you know, my God, and of course Ebola has got the same, the same ingredients*

Int: *Yep*

Cynthia: *As the Black Death you know, it its coming in from abroad, its, its insidious*

Group: *(hmm)*

Cynthia: *You don't know it's coming and then suddenly you know you're going to break out in this dreadful..*

Int: *Ok*

Cynthia: *.. illness*

Both groups discussed Ebola in terms of the 'plague' and as an epidemic, and it is these factors that they linked to increased media coverage as they result in the disease being 'exciting' and unpredictable. The element of contagion (and unpredictability) in Ebola are opposite to how arthritis was perceived in the groups – as inevitable and expected in ageing. It is this difference between the two conditions that was presented by the groups as the rationale for Ebola receiving much more media attention than arthritis.

Community group:

Int: *What do you think is going on there with the difference [between the reporting of Ebola and arthritis]*

Cynthia: *Well joint pain is always there..*

Int: *Ok*

Cynthia: *Ebola is quite a new modern exciting and, yeah*

Margaret: *And well joint, joint pain, people keep to themselves anyway*

Int: *Ok*

Cynthia: *True*

However the importance of contagion for a disease to receive high media coverage was questioned later in the discussion, when Anthony raised the point that cancer is a non-contagious, historic disease, yet still maintains a high media profile.

Sports group:

Anthony: *but then there is the whole palava with the news and cancer as well, that's not contagious, but then it's such a common thing*

Int: *mm*

Kyle: *But that's common as well [pointing to news articles about arthritis]*

(Group talk)

Felicity: *But it's so much more deadly*

Beth: *you don't die*

(Group talk)

Kyle: *It is there with respect..*

(group talk)

Beth: *you don't die from arthritis do you?*

Anthony: *well, it depends*

Adam: *It increases...*

group talk

Felicity: *Is it actually 'cause of death arthritis'?*

Anthony: *it increases, increases... like rheumatoid arthritis can increase your risk of heart disease and stuff like that so*

Kyle: *oh right*

Felicity: *But you don't die of it*

Beth: *but then you can't die of arthritis (said with emphasis on each word)*

Felicity: *Can you die of arthritis?*

Anthony: *it's just inadvertently because you've got rheumatoid arthritis*

Beth: *Yeah, can you die of arthritis?*

Felicity: *Can you die?*

Kyle: *Well..*

Anthony: *you can't directly die from arthritis, no*

[...]

Beth: *Well you can from cancer though can't you*

At first in this discussion Anthony raised the point that although cancer is not contagious, it is common, which justifies the media coverage given to it. Kyle then points out that arthritis is also common, and therefore another explanation for the amount of cancer media coverage is required. Felicity and Beth then suggested that the difference is fatality – cancer can be fatal, whereas arthritis is not. Anthony attempted to make the point that arthritis can increase the likelihood of death, through increasing risk factors, however the group pressed him and under pressure he conceded that arthritis is not fatal. Therefore the group reach a surface consensus that the potential 'fatality' of cancer indicates that it is a more severe disease than arthritis, and therefore receives more media coverage, although some subscribed to this explanation more than others in the group.

A similar conclusion was reached in the community group. Although the explanation was more widely accepted by the members of the group who agree that the possibility of fatality in cancer was both an explanation for reduced media coverage of arthritis and justification for it being a

less severe disease.

Community group:

Dennis: *How many, when was the last time you heard somebody die of arthritis?*

Cynthia: *Oh, maybe that's another thing*

Thelma: *well..*

(Group talk)

Margaret: *You don't die of it*

Cynthia: *you don't die of it whereas cancer, quite often, it can be terminal can't it*

Whilst the groups did not perceive arthritis to be severe generally, the morbidity associated with arthritis was recognised in the sports group. Once again, Anthony made the case for arthritis being a potentially severe condition by discussing the effect of living with it, which the group acknowledged and agreed with.

Sports group:

Anthony: *yeah, it can make your life an absolute misery*

Kyle: *oh yeah*

Anthony: *it can make you, just completely morbid*

Felicity: *yeah*

The community group also discussed some of the effects of having arthritis, such as experiencing joint pain, however these symptoms were seen as something both normal and expected with age.

Community group:

Cynthia: *But I would feel that people, public in general just accept that your joints are hurting*

Margaret: *yes, yes, just get on with it*

Cynthia: *as you get older*

Dennis: *yes*

Margaret: *as, as you've said*

Cynthia: *You don't tell people about it*

The everyday nature of arthritis, and the commonness of the condition, led the group to suggest that arthritis is something to be put up with and not discussed. Cynthia made this point at the end of the extract through the emphasis on the word 'tell'. This had the effect of making it seem incredulous that people with arthritis would tell others.

The commonness of arthritis was also discussed in the Sports Group. In this group, the idea of arthritis as not deserving of media attention due to the normality and common nature of the condition was expressed through references to 'Band Aid', a charity group founded originally to raise money to eradicate poverty in Ethiopia.

Sports group:

Anthony: *If someone was talking about arthritis sort of rates across the UK (laughing) I'd be like, I'd switch it straight off*

(Group laughter)

Adam: *Yeah*

Felicity: *It's just more common isn't it, everyone kind of knows*

Kyle: *Yeah*

Felicity: *A little*

Kyle: *Mmm*

Felicity: *Knows of it*

Int: *Right*

Felicity: *So it's like right*

Anthony: *Band aid aren't going to make a song for it*

(Group Laughter)

Anthony: *Arthritis [laughing]*

(Group laughter)

Anthony: *Can you imagine?*

The hilarity that the group expressed at the idea of a 'Band Aid' for arthritis reveals that they see arthritis as a lower priority than other health issues. The idea of fundraising for arthritis was also mentioned in the Community Group, who compared funding for arthritis to that of cancer.

Community group:

Margaret: *obviously cancer's very high profile but different cancers have different levels of funding*

Int: *ok, and where do you think that arthritis would sit?*

Margaret: *I'd say because it is, it's been around such a long time*

Int: *hmm*

Margaret: *I mean it's a long term condition its probably slipped quite down the list*

Dennis: *Hmm yes, I agree*

Int: *ok yeah*

Lois: *I think that's true*

Dennis: *I shouldn't think it's much higher than the common cold*

The group indicated that they would expect arthritis to receive less funding than cancer due to it being both chronic and historical. Dennis clearly expressed this point by comparing funding for arthritis with that of the common cold. This comparison indicates that arthritis may be considered on par with a minor, everyday illness, rather than a more severe disease.

This section has discussed a number of factors that both groups felt were influential in shaping opinions about the severity of conditions, and the media coverage that they receive. The groups

suggested that factors of fear, contagion, fatality and uniqueness all contribute to disease being perceived as more serious, and therefore more worthy of media coverage. However arthritis was perceived as expected, non-contagious, non-fatal and common. These perceptions resulted in arthritis being considered non-severe, which justified the lack of media coverage that they felt the condition received. As such both groups determined that arthritis was not newsworthy, particularly when compared with other health issues.

8.3 Disability

Although disability was discussed in both groups, the focus of the discussion varied. The community group spontaneously brought up the subject of disability in relation to the Paralympic and Invictus Games. They discussed media coverage of these events, and attitudes towards disability generally. However the sports group did not spontaneously raise these topics. Instead, their discussions of disability centred on a media article, used as a prompt, that discussed benefit fraud in relation to arthritis (see Appendix Seven). As the discussion about para-sports in the community did not focus on representations of arthritis, only representations of disability in relation to benefit fraud as discussed in the sports group are detailed in this section.

8.3.1 Benefit Fraud

The sports groups discussed the media's portrayal of benefit fraud. This discussion was in response to the stimulus material on the topic (see Appendix Seven), which featured a benefit claimant who was convicted of benefit fraud for falsely claiming to have arthritis. Whilst this article was the initial reason for the discussion, the conversation also covered wider topics including perceptions and understandings of disability in society, the legitimisation of arthritis and the effect of the discourse of benefit fraud.

Chapter Eight: Media reception: The negotiation of arthritis representations

First the group discussed the article and suggested that they recognised the article as being similar to others they have read previously. This knowledge meant that they expressed surprise at the amount fraudulently claimed as it is less than they expected.

Sports group:

Anthony: *It's only a few thousand this time, most of the time it's a lot bigger than that they're covering*

Group: *mm*

Felicity: *yeah*

Int: *do you think?*

Group: *yeah (laughter)*

Anthony: *so it's quite a small amount for these kind of articles*

Due to the discrepancy between the amount claimed in this instance and their expectations, the group looked for other explanations for why the article was considered 'newsworthy'.

Sports group:

Kyle: *well, because he's married a teen*

Beth: *yeah*

Kyle: *it makes it more of an*

Beth: *yeah*

Kyle: *a better news story*

Group: *(laughter)*

Anthony: *they try they tried at the start to make him seem a bit of a sleazy character*

Kyle: *yeah*

Int: *do you think?*

Anthony: *to start with*

Kyle: *hmm*

Int: *ok*

Kyle: *yeah it's sort of*

Anthony: *is it relevant that he married a child*

Kyle: *yeah it's not a i*

Anthony: *it's not really relevant at all*

Kyle: *it's not really relevant that he's married a 16 year old*

Int: *no..*

Anthony: *because I think it's more of the fact that it's just highlighting that there's sleazy people out there then, that that he's actually stolen £2,500 like I said it's not*

[...]

Anthony: *He works for that department! [Referring to the DWP]*

Group: *Laughter*

[...]

Anthony: *to be fair, he did well to shame, like to scam his own department out of money*

Group: *Laughter*

Anthony: *well he didnt did he?*

Felicity: *well he managed it for £2500*

Anthony: *well yeah*

Group: *laughter*

Anthony: *bold!*

Group: *Yeah (laughter)*

The group identified elements of poetic justice, irony, and hyperbolic language, and determined that these were the reasons that the article was published despite the low amount fraudulently claimed. The fact that the group were able to identify benefit fraud articles as conforming to a 'type' supports the argument made in Chapter Five, that these articles have a similar narrative

schema that enable the audience to make such judgements. The success of such a schema is indicated through the ability of the group to identify elements that are commonly used by the media to bolster the newsworthiness of the story. The elements that the group identified parallel many of those that emerged during the Labovian analysis (outlined in Chapter Two, Section 2.6.2.2). This shows that media audiences were able to identify factors of media production, such as components of articles which contribute to newsworthiness. This supports the theory that media audiences are active in their reception of news media, and aware of devices used by the media to persuade them.

The group also identified that certain newspapers are more likely to publish articles in the 'benefit fraud' genre, suggesting that this type of story is commonly published in the Daily Mail as they 'love a villain'.

Sports group:

Int: *what kind of newspapers do you think that you've seen this kind of story in before?*

Beth: *Daily Mail*

Kyle: *yeah*

Anthony: *all over it*

Group: *laughter*

Beth: *yeah*

Felicity: *they just love like a villian*

[...]

Beth: *it's kind of like the*

Kyle: *yeah*

Beth: *it's like a boggart, in a fairy tale*

Kyle: *the aim of the article is not about the money he's spent, it's to tell us that this guys been an idiot*

Beth: *yeah*

Int: *ok*

Anthony: *is this meant to be a, is this meant to be a good news story like?*

Group: *laughter*

Anthony: *like we got him! [laughter]*

The group's identification of type of newspaper that the genre of benefit fraud articles are likely to be published in parallel the findings in Chapter Three and Five that this type of article is published most frequently in tabloid or middle market, politically right leaning newspapers, such as the Daily Mail.

The discourse of 'benefit fraud' was felt by the group to be pervasive. In addition to the widespread media coverage of the 'problem', they also discussed advertisements that encourage people to anonymously report 'benefit cheats' in their local communities. In this extensive coverage, the group suggested that cases of people illegitimately claiming for arthritis are frequently covered.

Sports group:

Beth: *I think you get a lot of stories about it*

Felicity: *you get a lots of stories, but its still..*

Kyle: *yeah, i suppose it happens more than..*

Felicity: *but its so easy to get away with*

Kyle: *and also a lot of stories you do see, as Adam was saying, but a lot of the time its someone who's in a wheelchair*

Beth: *yeah*

Group: *yeah*

Kyle: *and they, then they're up*

Adam: *yeah, yeah*

Anthony: *and that's only ever really normally because they'll be probably must of them claim it on RA or OA possibly, rheumatoid arthritis or osteoarthritis, can put you in a wheelchair and its qui, quite an easy one to em do and if the, when I've been watching it like when you see those programmes on daytime TV and they like bust them*

Kyle: *yeah*

Anthony: *the types of show where they go around and find these people out, they are normally sort of saying oh I've got joint pain and stuff like that so like Adam was saying its em doesn't paint it in the best light, especially when people need it*

Anthony suggested that claiming for arthritis illegitimately is both common and easy to do. This was then compared to other conditions, such as diabetes, which was seen as more difficult to falsify.

Anthony: *in terms of getting away with it too like, you can't really pretend that you've got diabetes*

Group: *yeah*

Anthony: *You'd have to get a blood test to show that you've got diabetes but this you don't necessarily need an x-ray to show that you have osteoarthritis, if you've just got enough, the fact that you've got pain and you've got the right symptoms*

Beth: *yep*

Anthony: *you can get away with it*

Int: *so it could potentially be something that you could pretend to have?*

Anthony: *yep*

The invisibility of arthritis, coupled with the lack of verifiable diagnostic testing, led to the group suggesting that it is a condition that could be easily 'faked'. This was then compared with diabetes, a condition which has particular diagnostic tests which were considered to be of higher value in 'proving' a disease than invisible symptoms.

Even the use of outwardly identifiable features of disability, such as wheelchairs, works against those with arthritis, as Kyle identified above. The widespread use of such disability signifiers in the

media in relation to benefit fraud stories casts their use as dubious and suspicious. However, as discussed in Chapter Five, such visible signifiers of disability are also essential for those with legitimate disability to demonstrate their 'deservedness'. For those with arthritis, this creates a twofold problem. First, those who have severe arthritis and require a wheelchair for mobility may be assumed to be suspicious due to the intense media coverage of benefit fraud. Those with arthritis who do not require a wheelchair may be assumed to be less disabled as they do not have the visual indicator of disability. As such, people with invisible conditions are left in an impossible situation where regardless of their actions, they are judged for legitimacy by the media and the public.

The group proposed that the effect of the media coverage on benefit fraud, coupled with the potentially dubious nature of arthritis, was negative. They discussed consequences of these factors on those with arthritis.

Sports group:

Kyle: I think the problem is that it gives the thing of osteoarthritis a bad name as well

Int: mm

Kyle: because again it, it puts em

Int: mm

Kyle: a perspective in people, and whenever they start to hear people with joint pain who actually have joint pain

Anthony: yeah

Kyle: and then they are, they do actually need to claim disability living allowance

Anthony: yeah

Kyle: and then they get judged from the general public which is not what it's there for. Disability living allowance is there to help people with their daily life if they require it

Int: hmm

Kyle: and they just didn't have to take it

Anthony: *and especially with arthritis as well, because it might not be obvious to you*

Kyle: *yeah*

Anthony: *seeing someone like I could be in here now in a massive amount of pain and you couldn't tell*

Kyle: *yeah*

Adam: *yeah*

Int: *mm*

Anthony: *so people might think*

Felicity: *cos you're hard as nails*

Group: *laughter*

Anthony: *yeah, like you just might not see it*

Int: *so it's kind of invisible to people?*

Anthony: *yeah*

Kyle: *yeah*

They acknowledged the difficulty of establishing the legitimacy of an invisible condition such as arthritis, particularly in a society exposed to repeated media coverage about benefit fraud. They also identified that the negative press may affect people's ability to claim disability related benefits due to judgement from the public. Similar effects of the discourse of 'benefit fraud' on people with arthritis were also identified in Chapter Five. I argued in Chapter Five that the ability to claim such benefits in a society exposed to such discourses of 'benefit fraud' resides on people's ability to demonstrate their moral deservedness of them. As such, it is not need that determines whether people are able to claim welfare support, but their capability to demonstrate that they are 'deserving' of them.

8.4 Age

Both groups attributed most cases of arthritis to ageing. This relationship was felt to be both common-sense and well established, and therefore there was little discussion during the groups about the role of ageing in arthritis. The little discussion that there was, highlights a main difference between the two groups – their perception of ageing.

During a discussion about the media representation of arthritis, the Sports Group indicated that arthritis is represented differently according to the age of the person featured. Whilst they still assert that media coverage is low, as discussed in the previous section, they suggested that when arthritis is covered, it is more likely to be about 'special cases' such as sports men or women or children.

Sports group:

Felicity: *Its like you know..*

Beth: *If.. If..*

Felicity: *There's, there's quite things on sports within men and women (mm) might of got it but*

Beth: *If, if you do, you're more likely to find it on something like children in need or something*

Int: *Ok*

Kyle: *Yeah..*

Beth: *Of the very rare cases*

Kyle: *Its very specialist*

Int: *Hmm*

Beth: *That have, that have arthritis*

The group indicated that whilst such cases of young people with arthritis make up very little of the overall population of people with arthritis, they receive the most media attention. This was

contrasted against the media representation of older people with the condition, whom they discuss in term of an 'ageing population'.

***Kyle:** But, when it's reported in the elderly, it's often included in the sort of like general like ageing population and that*

***Int:** Uh hm*

***Beth:** Yeah*

***Kyle:** sort of concern for the future*

***Anthony:** Or..*

***Kyle:** And the fact they've got no heating*

***Beth:** Yeah*

(murmured group consensus)

***Anthony:** I was about to say, 'Betty's got no heating and she's got arthritis and she can't do jack'*

(Group laughter)

The perception of ageing offered in the above abstract constructs age negatively. The group indicated that they have seen media representations of ageing which reflect the discourse of 'ageing population' which presents ageing as a 'concern for the future'. This perception of ageing reflects that of ageing as a 'peril' discussed in Chapter Six. The idea of ageing as a peril proposes that ageing is a time of increased need, resulting in a financial burden – a problem that is set to increase due to 'population ageing'. The belief that age is a time of increased need was also mirrored in the focus group discussion when Kyle and Anthony offered negative stereotypes of older people as financially deprived, vulnerable and dependent, with no alternative view of ageing offered. Although such comments were spoken in jest, they reflect wider media representations of ageing and older people which have the power the influence and shape public attitudes.

The community group proposed a slightly different view of ageing to that advanced above. Whilst

the group discussed ageing as something that is widely feared, they linked this fear to people seeking anti-ageing measures.

Community group:

***Jennifer:** Well, you know I think people are fearful of talking about age and the ageing process*

***Int:** Ok... that's interesting*

***Jennifer:** And they're, um, I don't think, erm, although we recognise that everyone, and we're all going to get older, we don't actually like to face it, we we actually want to be proactive about avoiding it so*

***Margaret:** I think that's perfectly true*

***Lois:** Maybe maybe that's why we don't get the headlines*

(murmured group agreement)

The suggestion that people may be able to avoid ageing through being pro-active puts forward an alternative view than that suggested by the sports group. Whilst both groups indicate that ageing is something negative, the community group offered a solution to the problem which is not found in the sports group. This discussion around anti-ageing reflects that discussed in Chapter Six, in which anti-ageing is proposed as a method to control ageing and thus avoid the negatives associated with it.

Both groups discussed age and arthritis as intertwined, as ageing was put forward as the primary cause of arthritis, as discussed previously. Additionally, ageing was perceived negatively by both groups, and constructed variously as a time of vulnerability and something to be avoided.

However the groups differed in terms of the control that they believe individuals have over the ageing process. Whilst the sports group discussed ageing as uncontrollable, the community group discussed proactively avoiding ageing through anti-ageing measures. Such differences may be due to the large age difference between the groups, a factor that is likely to alter their perceptions.

8.5 Media

The media representation of, and influence over, health issues was discussed in both focus groups. The media was felt to be an important source of information for many with conditions such as arthritis, but also a source of fear and misinformation for health issues. As such, the media was both seen as important, and treated with suspicion. This section details how the groups discussed the media, through the topics of media consumption, production and trust.

8.5.1 Consumption

Both groups identified that the media is an important resource for health information. The media provides access to information that may be unobtainable otherwise, such as details of research, and advertisements of drugs and therapies. However the quantity of information was considered to be a problem. The considerable number of articles about health related topics makes it difficult to remember what has been published and assess whether the information is credible, as shown in the excerpt below.

Community group:

Dennis: *This morning, last Friday, Thursday, last week at least three times in the papers*

Int: *What did you see?*

Dennis: *All sorts of damn stupid things, (background group chuckle) everything from erm diabetes and eggs, which is one that seems to have cropped up this week, er what was the other one last week, erm oh I can't think, there are so many of them to be perfectly honest with you I can't remember which one*

Dennis: *Can't quite remember what they were..*

Dennis: *No, they all muddle in to each other and I can't take them on board, I do apologise for that*

[...]

Jennifer: *There's always some publicity, saying don't drink this, or eat more of that or, you know, and there's just so much of it what do you believe?*

Chapter Eight: Media reception: The negotiation of arthritis representations

In order to sift through the amount of articles, the community group suggested that they pick articles that were either of interest, or relevant to them. Such articles are then commonly discussed with, or passed on to, others who may also have an interest or find the article positive or useful.

Community group:

***Lois:** That's right, and so I think that if you do read anything, that, I mean, you would say to somebody, oh did you read that article about stem cell research or did you read the, y'know article about diabetes or y'know, the new thinking is they, certainly in the headlines this morning on the morning news was bariatric surgery..*

***Dennis:** Yes*

***Lois:** ..and it's link with diabetes, so it's, its, there is always something there its quite erm high profile, high profile in the news.*

Community group:

***Cynthia:** I think, I think people pick what's applicable to them don't they*

***Int:** Right yeah, perhaps so yeah*

***Cynthia:** I think maybe, well, or if you could help someone by something that you read you pass it on don't you.. erm.*

***Int:** Is that something that you might often do if you see something that somebody else, you know that someone else is affected by it, would you tell them about that story maybe?*

***Cynthia:** Only if you could help them, not if it's negative, you look for the positives in life*

The selection of articles according to relevance has also been identified in the literature. Cooper and Roter (2000) recognised this practice in their study of media reception for health related reports in television. However this practice was not identified in the sports group, who instead felt that the health information in the media was not generally useful or positive. Some participants in this group linked the incomplete knowledge public knowledge of health derived from the media to unnecessary fear.

Sports group:

Anthony: *knowledge, knowledge, knowledge from the media generates the fear*

Int: *hmm*

Anthony: *if i didn't know about as a patient going into hospital about all the, when going in, about MRSA like you wouldn't bother just you know, fix me up, give me my surgery, let me recover. But if you know*

Int: *yeah*

Anthony: *as soon as they get given knowledge, and if its something if its warped knowledge as well coming from the news its not, as you were saying about it's been, that thing in Ireland, a second ago, it was not fully correct, not fully truthful. So it's warped knowldge that generates fear*

Beth: *yeah*

Anthony: *and also a little bit of knowledge*

Toby: *because they dont have the full understanding*

Anthony: *like if they know a little bit, then i think its then worth knowing everything*

Toby: *yeah*

Anthony: *because like the little bit, or the snippet you get in the news which is a tiny bit, and your mind can just run wild*

This group regarded health related information in the media with suspicion, and blamed media sensationalism of health related issues for unnecessary public fear. However, it should be noted, that this perception from the sports group may be influenced by the fact that three of the members of the group (Anthony, Toby and Adam) were medical students, and therefore likely to hold a particular view of the media coverage of health related practices.

Despite both groups identifying that a large quantity of health related information is published in the media, all participants struggled to recall many articles about arthritis specifically. As such, both groups suggested that there is a dearth of information about the condition, particularly when compared to other, more high profile, conditions such as Ebola, cancer and diabetes.

Sports group:

Kyle: *I don't think it is, has as much coverage as some other things*

Adam: *It's not (mumbles) is it*

[...]

Kyle: *I've rarely seen any news stories about arthritis on its own*

Int: *mm hmm*

Kyle: *Yeah, I think it's considered quite a norm, you know, in elderly people*

Beth: *Yeah*

The proposition that arthritis is covered less frequently in the media than other conditions is supported by literature into arthritis media representation (Van der Wardt et al., 1999). However, as discussed in Chapter One, little research has been conducted recently and none that explores representation in British press. As such, this lack of ability to recall articles in relation to arthritis specifically may be due in part to the 'targeted reading' practices of health related articles identified by the community group above. As the group suggested that they are only likely to read and pass on articles of direct interest or relevance to them, participants may be unlikely to read articles about arthritis if they do not have the condition themselves, or know others with the condition to pass articles on to. As such, whilst there may be fewer articles about arthritis than about other diseases, the perceived scarcity may be less than suggested by these focus groups, as people may simply not be reading arthritis related articles through lack of interest.

8.5.2 Production

As noted in Chapter Two, one domain of media research relates to production. Three elements of production emerged from the focus group discussions, (1) media targeting of readership, (2) commercial influence and (3) political drivers. These elements of media production were felt to influence what the media reported, how it was represented and whether a topic is considered 'newsworthy'.

The first element of media production discussed was the media targeting of readership. In the case of The Sun newspaper, the readership was considered by the group to be patriotic. As such, the newspaper was assumed to be traditional, reporting on articles that are relevant to British people specifically. One such article was one used as stimulus material, featuring research into chemicals found in broccoli as a potential treatment for arthritis (see Appendix Seven). This line in the article was discussed by the group:

“Osteoarthritis, the most common form of the disease, affects 8.5 million Brits and costs the NHS £5.2billion a year.”

This line was seen as an example of readership targeting by The Sun, who were thought to have traditional, patriotic readers, who may only have an interest in stories directly relevant to ‘Brits’.

Sports group:’

Felicity: *It’s going to be sort of Brits that are going to be reading The Sun*

Int: *Ok*

Group: *yeah (laughter)*

Felicity: *and they’ll be like, oh yeah, I’m a Brit..*

[...]

Felicity: *it works because they think it’s more sort of like relevant to them*

Beth: *yep*

Int: *so perhaps it’s about relevance and the word Brits here*

Beth: *mm*

Felicity: *you know they’re trying to create some kind of link with their reader*

The readership of The Sun was then contrasted with that of The Independent during discussion about an article on obesity in Europe (see Appendix Seven).

Sports group:

Beth: *I guess its the audience, its the Independent, if they were to put in this one that its the poor and less, i can't remember what was it, was it the poor and less well educated, people who read the Independent tend to be wealthy and theyre like ah..*

Kyle: *yeah, yeah*

Beth: *its fine I'm not..*

Anthony: *you're right actually, yeah*

Beth: *I'm rich, I'm not getting fat*

Beth: *but if they did that in the Sun, well I don't, its generalising but*

Anthony: *it wouldn't be in there*

Beth: *people who read The Sun maybe less well educated*

Int: *ok*

Beth: *then um, they might not include that in there*

Kyle: *yeah*

Int: *ok, so perhaps there's..*

Beth: *because they wouldn't want to offend their audience*

During this discussion, the group identified differences between the types of articles published in tabloid newspapers such as The Sun, and those in quality/broadsheet newspapers such as The Independent. They suggested that articles about obesity may be more likely to be published in quality/broadsheet newspapers than in tabloid newspapers. The explanation provided for this was that newspapers select topics that may be of interest to, and not offend, their perceived audience. As such, perceived readership is seen as an influential factor in media reporting. The publication of particular articles, such as those about obesity, in certain genres of newspapers was also identified in Chapter Three. Tabloid newspapers are more likely to publish articles involving personal narratives, whereas quality/broadsheet newspapers are more likely to publish articles about societal issues such as obesity.

Chapter Eight: Media reception: The negotiation of arthritis representations

The second factor identified in the focus groups as shaping media reporting was the influence of commercial interests. The nature of the media being a 'business' was identified by both groups as potentially shaping what was reported and how.

Sports group:

Adam: *in Northern Ireland today the headlines were just about a centreback in interbrook hospital, but once again there has never been any, anything about really chronic conditions. Cancer yes, but other chronic conditions like arthritis, nothing. But the mintue that a centreback or something comes in then they're like yes, lets focus on it. And reading the article on it it was scaremongering*

[...]

Anthony: *you do have to think that they they have to get what sells as well, because they are businesses at the end of the day*

Kyle: *yeah*

Group: *mm*

Anthony: *it is immoral but.. [Shrugs]*

The groups indicated that the model of media businesses requires that newspapers report stories likely to attract readers. This is offered as a rationale for why there is less published about arthritis compared to other conditions, as they suggest newspapers may perceive chronic conditions to be less interesting and attention grabbing for readers.

Third, political factors were also considered influential in media reporting, with one participant suggesting that it is increasingly evident that cost is a key political driver and frequently mentioned in health related articles.

Community group:

Jennifer: *Can I just say on, on headlines, I'm increasingly aware now, even looking at this one today, it always relates, whatever condition, er were always related to the cost to the health service..*

Int: *yes, that's interesting...*

Dennis: (snort)

Jennifer: ..and that's where I stem from the political angle, I see the threat and the cost on the health service, (mmm) whether it be alcohol, whether it be diabetes, whether it be err, osteoarthritis, seeing it here

As such, some health related articles were felt to be less about the health topics itself and more about the political point that the article is making. As such, arthritis and other chronic conditions were seen as not health topics that stand alone, but as political pawns that are used to advance arguments between the political parties.

8.5.3 Trust

The final theme from the focus group analysis is that of media trust and credibility. Factors thought to influence media trust were newspaper credibility, sensationalism, contradiction, lack of regulation and misinformation. This section will discuss the three factors that featured most prominently in the discussions, newspaper credibility, sensationalism and contradiction.

One factor that was considered to erode trust in media reporting is the contradiction found between articles. Contradictory health messages in media were discussed by both groups who express little faith in media health reporting as a result.

Community group:

Thelma: There's always some publicity, saying don't drink this, or eat more of that or, you know, and there's just so much of it what do you believe?

Group: Yeah, yeah

Thelma: I think they just take a point from some report or something and run with it and make a big issue out of it and, and then next week you might get something that contradicts it. So I tend not, not to believe anything (giggle)

[...]

Thelma: So that kind of different opinion

Int: yes

Thelma: you know the changing views on things that could possibly put you off believing advice

Chapter Eight: Media reception: The negotiation of arthritis representations

Such oppositional discourse is frequently found in media health reporting, particularly in relation to research. The groups both suggested that conflicting media reports erode their confidence in health research and subsequently health advice released from the Government.

The second factor responsible for reduced media trust is the use of sensationalism.

Sensationalism was identified by the groups to be a combination of a lack of detail and overstatement of fact, two factors that are commonly found in the media reporting of research. The use of sensationalism when reporting research findings reduced not only trust in the media, but also further undermined trust in the research itself. The two excerpts below detail how participants responded to two different media reports of research used as stimulus material (see Appendix Seven). The first excerpt demonstrates how participants are frustrated by the lack of detail in the articles, which result in a lack of context.

Sports group:

Anthony: *And some of the figures they use aren't great like, EU has the highest alcohol consumption in the world at 10.7 litres of pure alcohol per adult, but what? per year? Per day?*

Group: *laughter*

Int: *Hmm*

Beth: *Yeah*

Anthony: *per what?*

Kyle: *Yeah*

Group: *yeah laughter*

The second excerpt demonstrates how overstatement of fact, particularly in headlines, can result in readers being less likely to believe the research reported on.

Community group:

Margaret: *Broccoli fights off arthritis; it's a dramatic theme if you like*

Cynthia: *It's quite*

Margaret: *you know*

[Background talk]

Margaret: *some research, you know it could help, but not, it's very dramatic headline isn't it*

Dennis:... *it's ever so much rubbish, its total rubbish isn't it..*

[...]

Dennis: *If you actually read it, it actually doesn't say anything about broccoli here*

Margaret: *No*

Group: *No*

Dennis: *Arthritis Research UK aren't saying everybody stuff yourself with broccoli*

Group: *mmm*

Dennis: *So you can have a 20 minute conversation and these are the three lines that they've pulled out*

Int: *Yep*

Margaret: *well, it, it*

Dennis: *Broccoli could, could*

Margaret: *Could*

Dennis: *Could!*

The final factor that the groups frequently mentioned was newspaper credibility.

Quality/broadsheet newspapers were felt to be more credible than tabloid newspapers, which were thought to present contradictory information, or use sensationalist journalism. As such, when presented with an article from The Sun, both groups questioned the validity of the research represented in the article.

Sports group:

Beth: *is this a real article?*

Int: *this is a real article that was from The Sun, from August the 28th last year*

Felicity: *yeah, from The Sun*

Beth: *from The Sun*

[...]

Anthony: *its like saying peppers fight cancer, well you know... no!*

Group: *[laughter]*

Kyle: *but.. yeah but you dont know yeah, becuse its the media and especially coming at it from the, with a prejudice against The Sun and their articles*

[laughter]

Kyle: *cuz you read it and you go, its the sun, you don't know how its been taken*

Anthony: *yeah*

Int: *what does that mean to you?*

Kyle: *It's not prestigious enough*

Group: *Background talk*

Beth: *like catchy titles*

Felicity: *yeah*

Kyle: *yeah*

Beth: *to make you buy it*

Kyle: *yeah*

Anthony: *headlines...*

Anthony: *almost comical, well it was comical in our case*

Group: *[laughter]*

Chapter Eight: Media reception: The negotiation of arthritis representations

This excerpt demonstrates that the perception of the newspaper in which health news is reported also influences the audiences' perception. When newspapers are considered to be less prestigious by the reader the content is treated as suspicious and the research as less trustworthy.

The combined effect of both sensationalism and low newspaper credibility was evident during the focus groups when discussing the article about research into the benefits of broccoli for arthritis (see Appendix Seven). This article was published in The Sun newspaper, and used sensationalism throughout. As such, both groups questioned the validity of the research, and subsequently, the validity of the Professor who was quoted in the article.

Sports group:

Beth: *You'd think that he wouldn't be part of the research thing unless he actually knew something*

Int: *ok*

Felicity: *but, they could have made it up could they not?*

Beth: *do they do that? Are they allowed to do that?*

Anthony: *no*

Kyle: *no*

Beth: *probably not, you probably can't just make stuff up*

Community group:

Jennifer: *Do you really think that Professor Ian Clarke*

Margaret: *Oh yes..*

Group: *[Background talk]*

Jennifer: *Would make a comment like that, it's as if the person doesn't actually exist*

Margaret: *Well it's hard to put your name to something that's, quite so eh..*

Jennifer: *I mean he's he's he's just saying across the board that reply*

Lois: *But you..*

Margaret: *You don't need to be a professor to reply like that do you really*

Participants in both groups suspected that the Professor quoted in the article was not a real person. Whilst this is dismissed in the sports group through other participants who claim that newspapers are prevented from such behaviour, the community group upheld this view and agreed that the Professor is likely to not exist.

A second factor in undermining research is that the groups both felt that the Professor featured in the article to simply give it more 'gravitas', rather than making a real contribution.

Community group:

Jennifer: *They're using them as a professor to reassure you..*

Margaret: *As well as treating those who already have the condition*

Lois: *Yeah it's just*

Jennifer: *...that it's somebody serious*

Dennis: *its, its, and a professor, you know*

Lois: *Its not like its your farmer who's growing it all*

Int: *Right, so do you think that used for a reason then, perhaps that*

Jennifer: *Yeah*

Int: *the use of Professor*

Dennis: *to give it gravitas, or whatever the word is*

Jennifer: *Yeah*

This use of the title 'Professor' for this reason strengthened the sports group's suspicions of the Professor and whilst the group established that the Professor is likely to be real, they questioned his qualification in the field.

Sports group:

Beth: *I guess having like someone who's a professor, if anyone reads it it's like, oh a professor said that*

Kyle: *yeah*

Felicity: *yeah*

Anthony: *then k- it doesn't really say what he's a professor in*

Kyle: *yeah*

Beth: *yeah, that, I was like*

Anthony: *could be anything couldn't it*

Beth: *yeah*

Anthony: *..literature..*

This section has demonstrated how the factors of sensationalism combined with a reduced trust in particular publications, results in health related reporting being treated with suspicion and reduces public trust. This finding is significant for chronic conditions such as arthritis in which self-management is critical for controlling symptoms (NICE, 2014), as it demonstrates that health advice offered through the media may be ignored or distrusted. As the media is increasingly being exercised as a vehicle for the delivery of health information, the discovery that the public may have little faith in health information reported this way could disrupt such public health education (Cooper & Roter, 2000).

8.6 Discussion

This section will discuss each of the themes identified in this Chapter, examining arthritis constructions, age, disability and the media. Comparisons between focus groups will be made and discussed in the context of the newspaper and magazine findings, and the wider literature.

The focus groups demonstrated that the cause attributed to arthritis determines the treatment suggested and the severity apportioned. As the community group felt arthritis was caused

primarily by ageing, it was discussed as normal and expected, in line with the conceptualisation of arthritis as an ailment. The group felt that it was not severe, and not something to be discussed. The suggestion that arthritis is non-severe was also seen in the conceptualisation of arthritis as an ailment (Chapter Four, Section 4.4.2) in which arthritis was constructed as common, and merely an irritant. The idea that arthritis is not discussed in public was also expressed in this conceptualisation when language such as 'moan' or 'grumble' was associated with people talking about having the condition.

Treatments were suggested to ease (rather than cure) symptoms and medication was rejected as it was felt to mask the symptoms and disrupt self-management. Whilst this view of arthritis was shared in part by the sports group, who also considered arthritis as a normal and expected part of ageing, an alternative cause of arthritis in younger people was also presented by this group. Arthritis caused by mechanical load as a result of sports participation was offered by the sports group as an explanation for younger people developing the disease. This conceptualisation of arthritis is in line with arthritis as a disease. However, this understanding left the group with a dilemma as exercise was perceived as both a healthy behaviour, and the cause of mechanical load and arthritis. This same conflict emerged in the representation of arthritis in Men's Health magazine, as discussed in Chapter Seven. However, the magazine resolved this dilemma through the designation of 'safe' and joint preserving exercises such as weight lifting. Such a resolution was not reached in the sports group and exercise remains a point of conflict.

The main conceptualisation of arthritis as an ailment employed by the groups will have been influenced by perceptions and understandings of ageing. Both groups discussed ageing in negative terms. The sports group suggested that old age is a time of vulnerability, increased need and excessive burden on the state which is in line with the construction of age as a 'peril', as discussed in Chapter Six. This view of 'unsuccessful ageing' links age with an increase in chronic illnesses, such as arthritis, and infirmity. However, whilst the community group also conceptualised arthritis as

an ailment, and constructed age negatively, their construction of age differed to that of the sports group. Instead of representing ageing as inevitable decline, the community group discussed the importance of fighting ageing through anti-ageing measures. This perception of ageing therefore reflects the discourse of 'successful ageing', as discussed in Chapter Six. The alternative view of ageing proposed in Chapter Six, 'ageing embraced', was not discussed by the groups, although their understanding of arthritis as normal and inevitable may be influenced by such views of ageing.

Negative media coverage of disability was discussed in the sports group through the topic of benefit fraud which was introduced through the use of stimulus material (see Appendix Seven). The group suggested that they were aware of the magnitude of such media discourses, and discussed the detrimental effect that they were likely to have on people with invisible disabilities such as arthritis. The group linked the damaging presentation of people with disabilities in the press to the difficulties faced by people attempting to legitimately claim benefits for invisible conditions such as arthritis. This relationship between media reporting of disability and the demonization of people claiming disability benefits has also been noted in the literature (Briant et al., 2011; Chase & Walker, 2012; Garthwaite, 2011, 2014, 2015; McEnhill & Byrne, 2014; Valentine & Harris, 2014). The media commonly represents disability as a social burden, a representations that has emerged mainly due to discourses about benefits claims and deservedness (Garthwaite, 2011). Research into media representations of disability claimants has found that newspaper portrayal of those with disabilities has changed. Whilst there is an increase in media reporting of those with disabilities, there are fewer sympathetic or positive representations, and more negative representations which focus on the 'deservedness' of people with disabilities (Briant et al., 2011). Furthermore, an increase in benefit fraud related articles has been found, along with an increase in reporting relating to the 'burden' of disability (Briant et al., 2011; McEnhill & Byrne, 2014). Such media representations have been shown to have a significant impact on public

perceptions of people with disabilities, with negative press linked to an increase in the estimation of fraudulent disability claims (Briant et al., 2011).

The issues of media consumption, production and trust proved to be highly influential in the group's reception of media health messages. The community group discussed the practice of 'targeted reading' in which they only read articles about topics directly of interest or relevance to them or their peers. Media reception research has identified this practice, and states that media audiences select information that they feel is relevant and necessary (Cooper & Roter, 2000; Norval, 2011). However, despite the idea of selective reading resonating in both groups, all participants were able to debate, reflect on and recall media representations of health issues that were not necessarily of relevance or interest to them personally. The sports group, despite claiming not to be aware of messages about arthritis in the media, and having no particular interest in the topic, were able to discuss general media representations of the condition and influencing factors (such as ageing and disability). Therefore, although more attention may be paid to media coverage when audiences are engaged and interested in the topics, media messages are received by members of the public regardless of interest.

Both groups indicated awareness of matters of media production – media targeting, rhetorical devices and newsworthiness. Furthermore, they were aware of the influence of political factors on shaping of the news. However, despite this awareness of the lack of neutrality of the media, the group still admitted to using the media to gain information about topics. The key deciding factor for the participants in whether they did believe media reporting was media trust. Three main factors that influenced media trust emerged from the focus groups – contradiction, sensationalism and newspaper credibility. The groups discussed how the combination of contradiction and sensationalism erodes their trust in particular articles. This was particularly true for media reporting on health research and advice. The groups expressed dismay that advice was commonly contradictory, confusing and hyped. This resulted in them believing very little of the

research and advice published, and being suspicious of those featured in the articles. As such, they indicated that they would be unlikely to follow health advice reported in the media for fear that it was not trustworthy and likely to be contradicted later down the line. This effect is intensified if the research or health advice is published in newspapers that are not felt to be prestigious, such as tabloid or middle market newspapers. However, such perceptions of this genre of newspaper are likely to reflect the demographic characteristics of the participants included in the study as one group were university educated and both had expressed at the start of the focus groups more of an interest in quality/broadsheet newspapers. Despite this, the findings still have implications for the use of media in public health campaigns, patient education and the dissemination of research. The media is considered to be a key vehicle for educating and engaging the public (Hanney, Grant, Wooding, & Buxton, 2004; Noar, 2006). Yet awareness of some of the limits and influencing factors on patient education, engagement and dissemination can ensure that media can be used most effectively to prevent it from undermining the message communicated.

8.7 Conclusion

This chapter has explored media reception of articles about arthritis, demonstrating the media reception is a complex, and at times contradictory, process in which messages are received, negotiated, accepted or rejected. The main themes that have emerged throughout this thesis of representations of arthritis, constructions of disability and ageing, and factors of media production have been discussed, and the two focus groups' reception to such representations detailed.

The findings demonstrate how the media is influential in shaping general attitudes towards arthritis, with the focus groups reflecting the dominant media position that arthritis is age related, reflecting the conceptualisation of arthritis as an ailment. However, in addition to this representation, arthritis was also conceptualised as a disease, caused by excessive mechanical

loading, by the sports group. Awareness of this conceptualisation may have been due to the younger age of the participants in this group, and their interest in sports (a key cause identified by the group of excessive mechanical loading). The fact that the groups reflected two of the three conceptualisations detailed first in Chapter Four indicates the existence of these conceptualisations of arthritis outside of the media and in the public arena. The reflection of dominant media messages about ageing and disability were also reflected in the focus groups, with the dichotomous representations of these topics (saints and scroungers, and peril and promise) detailed in this thesis mirrored in the discussion.

One key finding from this chapter relates to the role of media in the provision of health related information patient education or research dissemination. Both focus groups indicated that they distrusted the media's representation of these topics. Three key areas that influenced their trust were given: newspaper credibility, sensationalism and contradiction. Awareness of the factors which can increase or decrease the public's trust in media health reporting is essential for patient education programmes and researchers wishing to disseminate their findings. Ensuring that messages about specific illness related issues are trusted will depend on researchers and public health professionals addressing these issues.

The next chapter is the final chapter in this thesis and provides the final discussion and conclusion. The main themes discussed throughout the thesis will be brought together, the contribution to knowledge detailed, and recommendations for future research made.

Chapter Nine

Discussion and conclusion

9.1 Introduction

In this chapter I bring together findings from Chapters Three to Eight in order to answer the four research questions outlined in Chapter One. I revisit the main themes of arthritis language (Chapter Three), multiplicity (Chapter Four), disability and ageing constructions (Chapters Five and Six), media production (Chapter Seven) and media reception (Chapter Eight). I then discuss the contribution to knowledge that this thesis has made, considering both theoretical and practical aspects. I evaluate the methodology of the study, including the strengths and limitations of the approach and methods used. Finally I discuss the implications of this research for Primary Care and make recommendations for future research.

9.2 Answering the research questions

This research had four research questions to illuminate British media constructions of arthritis:

- 1) What representations of arthritis exist within British media?
- 2) What factors influence representations of arthritis in British media?
- 3) How are media representations of arthritis discussed and reflected on by social groups?
- 4) What impact do media representations of arthritis have on the construction, perception and experience of the condition?

In this chapter I will use these research questions as a guide for the discussion.

9.2.1 Representations of arthritis in British media

This study has presented the profile of arthritis in the news and demonstrated that arthritis representations differ according to seasonality and language used. The study has identified that arthritis is represented in multiple— as a disease, condition and ailment.

Chapter Three demonstrated that ‘arthritis’ was the most common descriptor for the condition, and was favoured by journalists above other terms such as ‘osteoarthritis’ and ‘joint pain’. This finding is in line with previous research which has found that arthritis is an acceptable, familiar term to patients (Barker et al., 2014; E. Willis, 2013). However, other aspects of the language used to describe arthritis in this study were not in line with previous research. Whilst previous studies have shown ‘wear and tear’ to be a common descriptor of arthritis (Ali et al., 2012; Busby et al., 1997; Grime et al., 2010; Hendry et al., 2006; S. Hill et al., 2011; Loeser, 2012; Peat et al., 2005; Turner et al., 2007; Wardt, Taal, & Rasker, 2000) this study found that ‘wear and tear’ was not a commonly used term in British news representations of the condition, indicating that the continued use of the term is not influenced by media representations. However, despite the term ‘wear and tear’ appearing infrequently, its underlying meaning did feature as arthritis was attributed to the process of mechanical damage. This indicates that perceptions of arthritis as being attributed to wear and tear in previous research can also be identified in this study. Previously negative perceptions of arthritis have been linked specifically to the term ‘wear and tear’ and initiatives have been proposed to target this term (Porcheret et al., 2011). Yet this research indicates that the same perceptions and understandings of arthritis can prevail even in the absence of this particular terminology. Therefore it is the perceptions and beliefs about arthritis which influence attitudes and behaviour towards the condition, rather than the exact language used.

The study has reported novel findings about the multiplicity of arthritis (first detailed in Chapter Four). Newspaper representations of arthritis revealed three conceptualisations. These

conceptualisations are similar to Weberian 'ideal types' and they enabled grouping of arthritis attributes found, without the intention of them being finite and the only conceptualisations possible. The three conceptualisations of disease, condition and ailment are based on these three 'types' of arthritis having discrete causes, treatments and outcome that make sense together. These three 'types' of arthritis indicate that arthritis is not thought of, or represented in society, as a singular disease, rather it is multiple.

The emergence of the multiplicity of arthritis may be seen as a product of different frames of reference. Frames of references are similar to Jewson's (1976) 'medical cosmologies' which were described as 'conceptual structures which constitute the frame of reference within which all questions are posed and all answers are offered.' Medical cosmologies are the first order for understanding medical relevance and relation, determining what is both possible and not possible within that particular structure. Jewson (1976) originally described three specific modes of medicine (Bedside Medicine, Hospital Medicine and Laboratory Medicine) based on the perspectives of Ackerknecht (1967). The idea of medical cosmology has since been adopted by others and expanded to describe newer and different cosmologies including e-scaped medicine (Nettleton, 2004), surveillance medicine (Armstrong, 1995), and the biopsychosocial model (Greaves, 2002). As medical cosmologies (or frames of reference) determine what health, illness and diseases are possible, and how medical knowledge is configured and sustained (Nettleton, 2004), they fundamentally influence how health, illnesses and diseases are constructed. I argue that the three conceptualisations of arthritis identified in this thesis are the product of three frames of reference which determine their construction – biomedicine, surveillance medicine, and 'normal' ageing.

According to Nettleton (2004), a mechanistic world view – that the universe can be understood as a machine made up of separate but interdependent parts that can be deciphered, understood and controlled - forms the basis of modern empirical medicine. This view can also be seen through

Jewson's (1976) Hospital and Laboratory medicine cosmologies, and it is this view that is the basis for biomedicine – the traditionally dominant cosmology of Western medicine (Greaves, 2002).

The frame of reference of biomedicine provides the basis for the conceptualisation of arthritis as a disease. As I have discussed throughout the thesis, arthritis as a disease relies on a joint-focussed approach, in which mechanical damage (through a process of 'wear and tear' caused by excessive mechanical load) causes the breakdown of the joint. Diagnosis and treatment for this disease thus too revolves around the damaged joint, including imaging techniques and surgical processes. The mechanistic understanding of arthritis as a disease reflects the frame of reference of biomedicine as the disease is confined to the joint, and the processes and treatments required centre on the effected joint. Biomedicine takes a curative approach to disease, identifying the component parts at fault and providing a solution (Bunton & Burrows, 2005). This approach is reflected in arthritis as a disease, where treatments, such as surgery, are designed to be curative and final (as described in Chapter Four, Section 4.2.4). The requirement for new 'breakthrough' treatments to increase the chance of an arthritis cure was also described in Chapter Four (Section 4.2.6), in which detrimental effects of new treatments were represented as acceptable collateral damage for the possibility of new, curative therapies in the high/risk high return environment of biomedicine.

The second frame of reference is that of surveillance medicine, described by Armstrong (1995). Surveillance medicine describes a twentieth century move away from the traditional and hegemonic biomedicine which was concerned only with the physical anatomy, to a concern with the distribution of disease through populations (Armstrong, 1995; Nettleton, 2004). Armstrong (1995) identified three tenets of surveillance medicine – (1) the problematisation of the normal, (2) a changed relationship between symptom, sign and illness and (3) the location of illness outside of the body. The conceptualisation of arthritis as a condition is related to the concept surveillance medicine, and each of these three principles can be mapped onto this conceptualisation.

- The problematisation of the normal is the first principle of surveillance medicine and refers to the increased remit of medicine into matters that were originally outside of its concern. This theory is also referred to as the process of 'medicalisation'. Arthritis, although configured as a disease under biomedicine, is considered by others to be part and parcel of normal ageing. Ageing is an area that Armstrong (1995) identified as succumbing to surveillance medicine, as age is increasingly pathologised. As such, signs of ageing, such as arthritis, are considered illnesses and treated under the remit of surveillance medicine.
- Second, Armstrong (1995) identified the changed relationship between symptom, sign and illness. Under biomedicine, illness is identified through anatomical signs and symptoms which are then treated directly. Therefore a binary relationship between health and illness exists. This binary relationship is eroded under surveillance medicine. Instead a spectrum of health and illnesses emerges in which grades of health exist. The emergence of a health spectrum leads to the emergence of 'risk factors' as the determinants of health and illness, rather than the existence of signs and symptoms. The use of risk factors can be seen in the conceptualisation of arthritis as a condition, whereby the causes of arthritis are reduced to risk factors such as age and weight.
- The final principle is that of the location of illness outside of the body. This tenet refers to the sphere of activity in which surveillance medicine operates. Whereas biomedicine was focussed on the disease within an individual patient, surveillance medicine operates over populations. Risk factors themselves are calculated using population statistics to determine the probability of health or illness. In order to determine these risk factors, surveillance medicine turns to 'lifestyle' to identify factors which increase the chance of the development of illness. In biomedicine illnesses are discrete and well defined, however the emergence of shared risk factors reconfigures individual illnesses into a network. This networking view of illness is identifiable in the rise of 'chronic illness' as an

overarching title for numerous, previously distinct, illnesses. Arthritis is considered to be a chronic illness, and the factors of lifestyle deemed important in the management of chronic illnesses, including weight management and exercise, are both the cause and treatment for the condition. Surveillance medicine requires that health and illness become the responsibility of individuals through the constant self-management of modifiable risk factors. The focus on self-management is at the heart of the conceptualisation of arthritis as a condition, with poor lifestyles thought to cause arthritis, and self-management of lifestyle factors offered as a core treatment.

The final frame of reference is not one of medicine, but instead an understanding of ageing which shapes how arthritis is conceptualised. In the conceptualisation of arthritis as an ailment, arthritis is not perceived to be an illness, or medical problem. It is instead perceived to be part of 'normal' ageing. In Chapter Six I discussed 'successful ageing' and presented the idea of 'ageing embraced', an ageing discourse which accepts and embraces old age as a distinct and separate life stage. 'Ageing embraced' provides a counter narrative to the dominant discourse of (un)successful ageing, arguing that later life is not an extension of midlife, and discusses the role of fate, luck and genetics (rather than lifestyle) in health in old age. The construction of ageing offered in this discourse presents the changes associated with ageing, such as arthritis, as normal and expected. It is this construct of ageing that influences the perception of arthritis as an ailment. The link between expectations of ageing and arthritis has been demonstrated in previous studies in which arthritis is normalised as part of the ageing process (Gignac et al., 2006; Sanders et al., 2002). As such, arthritis is not considered to be an illness or medical concern; it is instead an 'ailment' that is anticipated and accepted in later life. The relationship between the frames of reference discussed in this section and the concepts of arthritis conceptualisations, enactments and multiple ontologies can be seen in Figure 9.1 below.

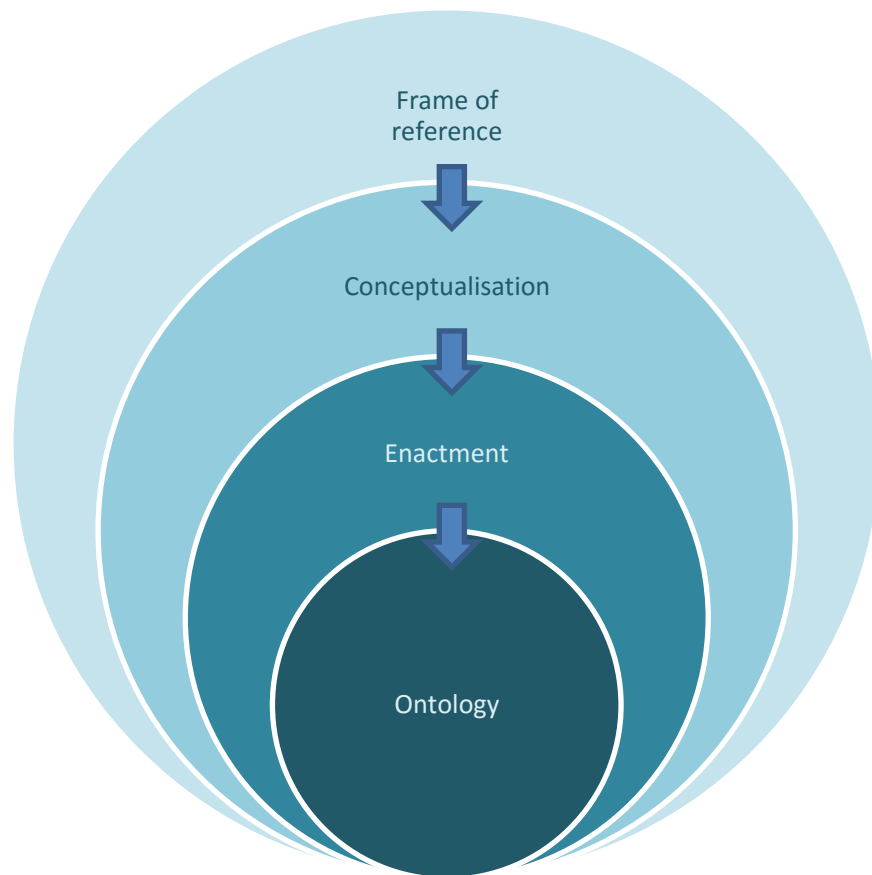


Figure 9.1 Model showing the relationship between frames of reference, conceptualisations, enactments and ontology

As Figure 9.1 illustrates, the frame of reference employed determines the conceptualisation. This in turn determines how arthritis is enacted, and the ontologies possible. Therefore the frame of reference (which includes the knowledge, understanding and perceptions of arthritis) determines the reality of the condition.

This section has demonstrated that three frames of reference provide the backdrop within which conceptualisations of arthritis are formed. These frames of reference therefore determine not only the conceptualisations of arthritis, but also the enactment and ontologies of the condition. The next section discusses research question two, and details the influences on representations of arthritis.

9.2.2 Influences on representations of arthritis in British media

Three key influences on representations of arthritis were found - constructions of disability, ageing and factors of media production. This section will explore each influence in turn, and discuss their impact on perceptions and constructions of arthritis.

In Chapter Five I demonstrated how constructions of people with disabilities were presented dichotomously as either 'saints' or 'scroungers'. The judgement of either saints or scroungers was based on newspaper representations of their 'deservedness' – the extent to which the media presented people with disabilities as deserving support or financial help. I argued that the concept of deservedness resided on the legitimacy afforded to the condition discussed, and that legitimacy was based on the individual being able to demonstrate that their condition fulfilled the three requirements of severity, stability and blamelessness. As such, the judgement of people to be 'saints' or 'scroungers' depends on their ability to present themselves as deserving, by demonstrating that their condition is legitimate (and therefore severe, stable and caused by factors that they are not to blame for).

As legitimacy is the foundation of 'deservedness', the existence of different arthritis conceptualisations (as demonstrated as Chapter Five) may result in people with the condition being considered 'undeserving'. According to Peacock, Bissell, and Owen (2014), the judgement of reduced 'deservedness' may be more likely in the current political and financial environment, due to the discourse of 'no legitimate dependency'. This discourse refers to the denial of most forms of dependency, and the encouragement of increased personal responsibility in all aspects of a person's life. The discourse of 'no legitimate dependency' is considered to be an 'internalisation of neoliberal discourse' (Peacock et al., 2014). Neoliberalism supports reduced state intervention, through the increase of personal responsibility. Those with ambiguous conditions may be considered to have questionable legitimacy and are therefore unlikely to be considered 'deserving' of dependency (such as welfare support). Thus, the dichotomous

representation of people with disabilities as either 'saints' or 'scroungers' is potentially damaging to those with arthritis, reducing their likelihood of welfare support, and increasing personal responsibility for their condition. Whilst some may be able to accept personal responsibility for arthritis, and engage in self-management, for others this is unachievable. Those who do not have the resources, support or ability to take on personal responsibility due to their health or personal circumstances are therefore penalised.

The second influencing factor on the representation of arthritis is the construction of ageing. In Chapter Six, I demonstrated that constructions of ageing commonly represent age as either a 'peril' or a 'promise' for both individual and society. This dichotomous presentation is largely due to the dominant discourse of 'successful ageing'. According to this discourse, the ability to age successfully is dependent upon individual lifestyle. Therefore those who adopt 'healthy lifestyles', such as maintaining a healthy weight, exercising regularly and taking responsibility for their health, are represented as likely to embody the values of 'successful ageing' e.g. independence, productivity, youthfulness and effectiveness. For those who achieve this, age is represented as a promise. Whereas those who do not achieve the 'healthy lifestyle' promoted by the discourse are unlikely to achieve the values described above, and are therefore represented as ageing 'unsuccessfully'. In this case, age is constructed as a peril, for both individuals and society. The dichotomous representation of age as a 'peril' or 'promise' that underlies the discourse of successful ageing places the responsibility for health in later life on the individual alone. As such, this discourse also promotes the idea of 'no legitimate dependency' discussed above (Peacock et al., 2014). When the success (or not) of ageing is placed solely on individuals and their lifestyle choices, their ability to legitimately claim dependency is reduced as health in later life is reconfigured as personal choice. As such, this dominant discourse of ageing is potentially damaging to those with arthritis who are unable to embody the values of independence, productivity, youthfulness and effectiveness due to their condition as the discourse of successful ageing has no room for illness and disability. Therefore people with arthritis may be considered to

have 'aged unsuccessfully' and their illness or disability seen as a consequence of their lifestyle. The focus on lifestyle as a cause of arthritis can also be seen in Chapter Five, when arthritis is conceptualised as a condition. Arthritis as a condition proposes that arthritis is caused by increased weight and sedentariness, and the treatments offered are also largely lifestyle based. Such lifestyle focussed discourses reduce the legitimacy that the condition is afforded and places the burden of responsibility on individuals.

The alternative view proposed in Chapter Six was that of 'ageing embraced'. Unlike the above discourse of successful ageing, this discourse does not assume that age is down to personal lifestyle choices. Instead age is viewed as a separate and distinct life stage, with unique challenges. The theory of 'harmonious ageing' is similar to the concept of 'ageing embraced' discussed in this thesis. 'Harmonious ageing' attempts to resolve the dichotomy of 'successful' versus 'unsuccessful' ageing and reduce the extent to which individual lifestyle is considered to determine ageing success (Liang & Luo, 2012). This theory proposes a more nuanced approach, in which later life is viewed as a distinct life stage, and the individual's own experience, ethnicity, race, culture, class, gender and age are also taken into consideration (Liang & Luo, 2012). As such, the focus in this theory is less on the 'maintenance of an active and busy body', and more on the relationship between body and mind, social relations and a balanced outlook (Liang & Luo, 2012). Therefore this theory of ageing, unlike successful ageing, would not promote the discourse of 'no legitimate dependency' as the focus is not lifestyle and behaviour and the unique needs of individuals are taken into consideration. This construction of ageing may not deem age-related illnesses, such as arthritis, to be inevitable in ageing, but equally they are not seen as unexpected. As such, age-related illnesses are accepted as normal, and this perspective of ageing would encourage people with arthritis to take their illness into consideration. However this view of ageing was rare in the media representations, with successful ageing being the dominant construction offered.

Chapter Three presented the descriptive profile of arthritis representation in British news. This chapter showed how arthritis representations were not static, but changed according to seasonality and publication. The differences found in media representation can be attributed to media production factors. Seasonality in media reporting is affected by external events, and both annual events (such as changes in weather) and one off occurrences (such as epidemics) may influence how a condition is represented (Lopman et al., 2003). In this case the number of articles about arthritis increased during the winter and the summer, two times of year where there is an annual heightened focus on health and fitness. However it is difficult to attribute causation in this pattern or draw any firm conclusions about why media reporting about arthritis changes across the year. Furthermore, as I only studied representations in a single year, I am unable to say whether the seasonal variation in this research would be mirrored in other years.

Publication differences in the representation of arthritis were found in the types of stories arthritis featured in. Tabloid newspapers commonly discussed arthritis using personal narratives told from the perspective of a person with arthritis. This was in contrast to broadsheet/quality newspapers which represented arthritis from a societal perspective, detailing to burden and cost of the condition for society. These two different methods of representing arthritis as an individual illness or social concern can be linked to the different operating methods of publications. As discussed in Chapter Four, tabloid newspapers are considered to have more commercial interests (Seale et al., 2007), and therefore tell stories from a perspective likely to increase sales and revenue, whereas broadsheet/quality newspapers are considered to have a public interest perspective, publishing articles to inform their audience and draw attention to particular issues of societal importance (Uribe & Gunter, 2009). The difference between these two types of reporting has been discussed in media studies as the difference between 'hard' and 'soft' media reporting (Henderson & Kitzinger, 1999; Uribe & Gunter, 2009). 'Hard' news refers to factual news, such as that about population level illness and disease, whereas 'soft' news refers to more experience based, individual stories. The targeting of 'soft' news stories, such as those about arthritis found

in the tabloid newspapers in this study, has also been demonstrated in previous research (Brown et al., 2001; Henderson & Kitzinger, 1999; Uribe & Gunter, 2009; C. Williams et al., 2003). Such stories are used to engage with the audience, by putting a 'human face' to the story. They also can be seen as a method to increase female and youth readership, two populations that have traditionally read fewer newspapers (Henderson & Kitzinger, 1999). The reporting of 'soft' health articles, such as through personal experience or human interest stories, has been shown to influence how conditions are perceived. 'Soft' media agendas can promote a particular aspect or perspective of a condition, whilst ignoring other aspects or alternative perspectives (Henderson & Kitzinger, 1999). It has been argued that the lines between 'hard' and 'soft' media reporting are blurring and that 'hard' media reporting is increasingly invisible. This process is referred to as tabloidisation (Uribe & Gunter, 2009). In the case of arthritis, 'soft' reporting included personal narratives about the experience of arthritis. Such stories typically featured people with 'severe' arthritis, who presented themselves as having a legitimate, disabling condition and featured the negative impacts of their condition on their life. Whilst the telling and representation of such stories about arthritis is important, in light of the process of 'tabloidisation' these stories may be highly influential in shaping the public's perception of the condition. As such, an imbalanced view of arthritis may prominently feature in British media, and with the increasing trend towards tabloidization, fewer articles providing alternative perspectives may be published in future.

Whilst newspapers attempt to broaden their current audience by appealing to other sub-sets of the population, such as female or younger readers, magazines target their audience specifically. As demonstrated in Chapter Seven, the three magazines analysed – Saga Magazine, Men's Health and Cosmopolitan – represented arthritis in line with their readership and therefore very differently. Saga Magazine represented arthritis as a 'current concern' – a topic that was both interesting and relevant to their targeted readership of over 50s. This is in contrast to Cosmopolitan magazine that did not feature any articles about arthritis, instead focussing on health articles that the magazine considered important for a younger, female audience. Men's

Health magazine did include arthritis focussed articles, however targeted these at individuals who were interested in not 'ageing' through the use of exercise. Again, this construction is in line with their targeted audience of young to middle age men who are interested in exercise and fitness.

The constructions of arthritis offered by newspapers (publishing both 'hard' and 'soft' news stories to broaden appeal) and magazines (specifically tailoring their content to their audience) may be due to the role that newspapers and magazines play in the media. Newspapers are cheaper, more mass market and ubiquitous than magazines, and therefore attempt to attract the largest audience possible, whilst magazines are more expensive, less frequent and target a smaller, more specific audience. Therefore media representations of arthritis are influenced and shaped according to the type of media used, the audience that the media producers are aiming at and the current readership. As such, representations of issues around health and illness, such as those of arthritis, are not static, but moulded according to factors of media production.

This section has demonstrated that the representation of arthritis is influenced by three main factors – constructions of disability, constructions of ageing and issues of media production. These factors are discussed further in the next section which explores research question three, investigating how media representations of arthritis are reflected and negotiated in social groups (media reception).

9.2.3 Reflection and negotiation of representations of arthritis

The main themes to emerge from the media study (arthritis constructions, disability, ageing and media factors) were discussed in the focus groups to evaluate the reception of them. First I discuss the reception of media representations about arthritis and the two main influences on these constructions –disability and ageing. I then discuss how the group reflected on the aspects of media trust and credibility, and evaluate whether or not these factors influence media reception.

Elements of all three conceptualisations of arthritis were discussed, however arthritis as an ailment was the conceptualisation most commonly drawn on during focus group discussions. The conceptualisation of arthritis as an ailment links arthritis to inevitable ageing. When discussing ageing, the groups adhered to the 'peril' or 'promise' construction, discussing the roles of anti-ageing and lifestyle in the attainment of 'successful ageing'. The sports group discussed the frequency of articles relating to benefit fraud and arthritis in particular segments of the media, and explored the potential effect that such articles may have on people with the condition.

The demonstration that that arthritis is commonly linked with ageing in social groups, or that the groups adhere to dichotomous understandings of ageing and disability, does not necessarily indicate that these views are driven by the media. Indeed such views may be held commonly in society, and the media may be simply reflecting them. However the fact that the topics explored, and the language used, in the group discussions so closely mirrored the representations found in the media (even when stimulus material was not used) may indicate that the groups were influenced by the media representations of the topics. The suggestion that the media's representation of a topic can influence the public's perceptions has been found in other research (Briant et al., 2011; Brown et al., 2001; Coyle & MacWhannell, 2002; Henderson et al., 2000; Henderson & Kitzinger, 1999; Hilton et al., 2012; Philo, 1996, 2008; Ramsay, Yarwood, Lewis, Campbell, & White, 2002).

The groups also discussed factors which would cause them to question or disbelieve media reporting. The two main factors that influenced their judgement on media articles were trustworthiness and credibility. The groups both discussed features which eroded how trustworthy they deemed an article to be, two of which were contradiction and sensationalism. The frequency with which the media contradict health stories, and use sensationalism in order to over-emphasise the news story resulted in both groups being sceptical of news media reporting of health related research and advice. Previous research has also indicated that contradiction in

media health reporting leads to scepticism of media claims (Covello & Peters, 2002; Rowsella, Norrison, Ryanb, & Weenik, 2000; Vardeman & Aldoory, 2008). The use of sensationalism in news media reporting is widespread, and has been identified in previous media studies (Coyle & MacWhannell, 2002; Gough, 2006; Kitzinger & Williams, 2005; Lantz & Booth, 1998; Larsen & Dejgaard, 2013; Mayer, 2012; S. J. Williams et al., 2008a), however opinions about the effect of such sensationalism are divided. Some believe that the use of sensationalism in media health reporting, particularly in health campaigns, can influence targeted audiences and lead to a short term change in behaviour (Stephenson & Southwell, 2006; Zimmerman et al., 2007), whilst other studies have identified problems with this form of media reporting, including increases in fear, hysteria and reduced trust in media (Borkan, Reis, Hermoni, & Biderman, 1995; Cooper & Roter, 2000; Ransohoff & Ransohoff, 2001). Another factor that the groups identified as reducing media trust was the credibility of the newspaper in which health stories were reported. The groups identified that they would assume tabloid newspapers were less credible than quality/broadsheet newspapers, and therefore pay less attention to health articles published in them. However this finding may have reflected the constitution of the focus groups, with the participants consisting mainly of highly educated individuals, with a preference for quality/broadsheet newspapers. Reduced trust in tabloid newspapers has not been well researched, however there are some indicators that audience trust in media is generally decreasing and the public are more sceptical (Tsati, 2010). Additionally, there is general concern about changes in media form and style towards tabloid type reporting, labelled the 'tabloidisation' of media, as discussed previously (Uribe & Gunter, 2009). This general concern indicates that this form of reporting may be less well trusted than other forms of media health reporting (Ransohoff & Ransohoff, 2001).

The reduced trust and credibility in media detailed above has important consequences for media health communication. The media is considered to play an important role in communication and public engagement (Hughes et al., 2006; Regan de Bere & Petersen, 2006; Tulloch & Zinn, 2011).

The media has also been identified as a way for health practitioners to communicate with patients

and as an important source of information for people with arthritis (Bedson, Mottram, Thomas, & Peat, 2007; Pisetsky, Trien, & Center, 1995; Van der Wardt et al., 1999; E. Willis, 2013). Therefore reduced confidence in media messages has the ability to erode the trust that patients place in the accuracy of messages communicated via the media, and reduce the avenues of communication and information available to researchers, practitioners and patients.

This section has explored how media representations about arthritis, disability and ageing were discussed and negotiated in the focus groups. The media influenced both perceptions of these topics, and the language used to discuss them. Additionally media trust and credibility was explored. This section has demonstrated that factors such as the frequency of conflict in health stories, the use of sensationalism and the publication in which health stories are published all have the ability to influence the trust and credibility granted to messages about health generally, and arthritis specifically. The next section will answer research question four by exploring the impact of media representations of arthritis.

9.2.4 Impact of representations of arthritis

This section will discuss the impact of the representations on constructions of arthritis found in this study by drawing together the three conceptualisations and multiple ontologies of arthritis (Chapter Four), the influence of the disability discourse of legitimacy (Chapter Five), and the discourses of ageing (Chapter Six), together with wider 'frames of reference' introduced above in Section 9.2.1. The findings have been integrated into a single model of media representations of arthritis below in Figure 9.2.

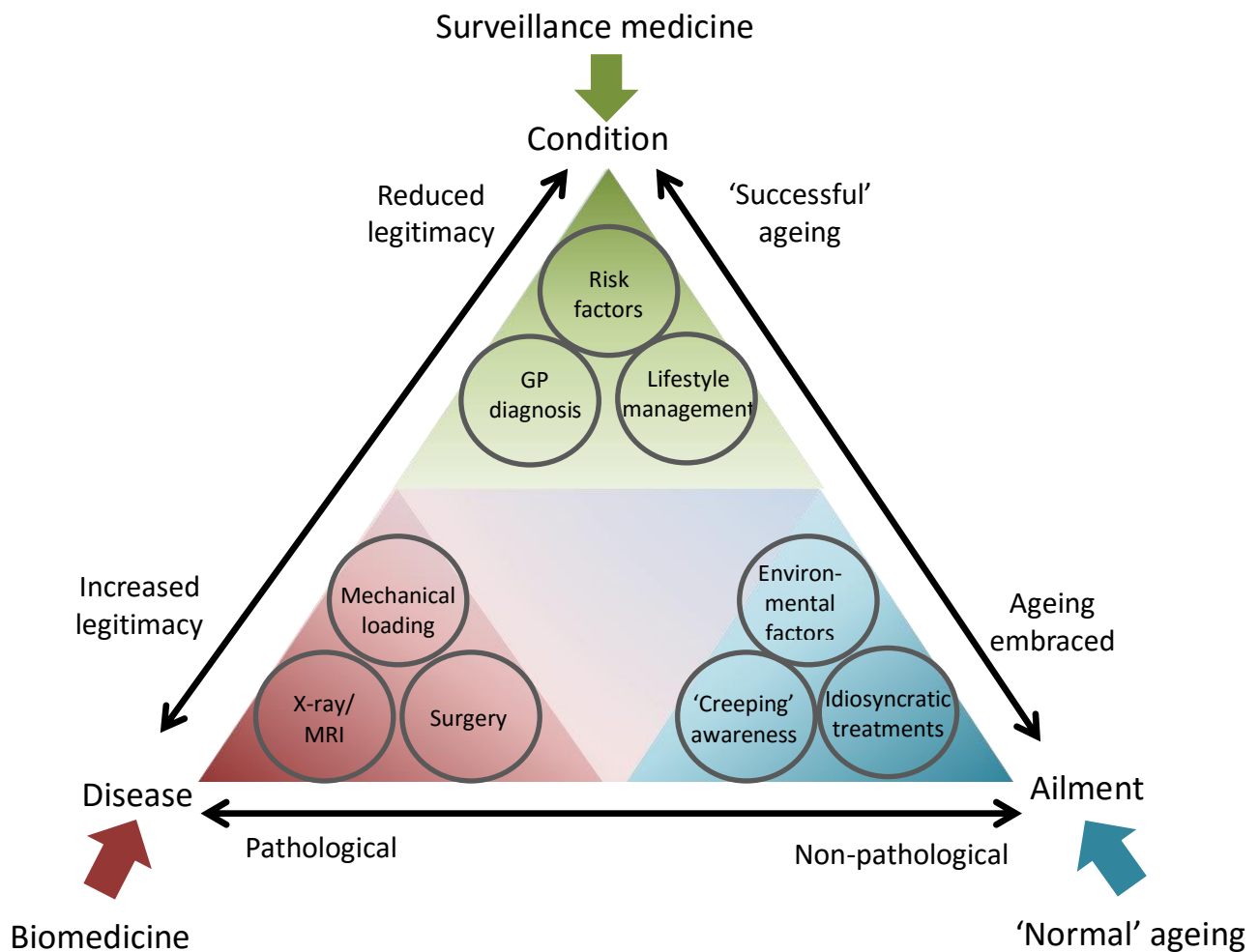


Figure 9.2 Model of media constructions and determinants of arthritis

The above model of media constructions illustrates how the three frames of reference (surveillance medicine, biomedicine and natural ageing), three conceptualisations (condition, disease and ailment), enactments of each conceptualisation (cause, diagnosis and treatment), and influences of ageing ('successful' and 'natural' ageing) and disability (level of legitimacy) are linked.

- First, the conceptualisation of arthritis as a disease is enacted by the cause being attributed to mechanical loading, diagnosis provided through imaging techniques such as

X-ray or MRI scans and treatments such as surgery. This conceptualisation sits within the 'biomedicine' frame of reference and is represented as pathological and legitimate.

- Second, the conceptualisation of arthritis as a condition is enacted by the cause being attributed to risk factors (such as age, weight and sedentariness), diagnosis provided through GP consultation and treatment consisting of self-help through lifestyle management. This conceptualisation sits within the 'surveillance medicine' frame of reference and is represented as affording less legitimacy and reflecting discourses of 'successful ageing'.
- Finally, the conceptualisation of arthritis as an ailment is enacted by the cause being attributed to 'normal' ageing but influenced through environmental factors, diagnosis occurring through 'creeping' awareness of arthritis and treatments being idiosyncratic and individual in nature. This conceptualisation sits within the "'normal" ageing' frame of reference and is represented as non-pathological and reflective of discourses which 'embrace' ageing.

This model illustrates that arthritis is represented in the media as multiple, and these multiplicities are discrete and determined by the frame of reference employed by the journalist and influenced by discourses of disability and ageing.

The heterogeneity of the media's representation of arthritis found in this study is in contrast to the homogeneity of illness representations found in previous studies (Halpin et al., 2009; Wahl, 2003). As discussed in Chapter One, research has found that some conditions, such as cancer, are represented homogeneously in the media (Halpin et al., 2009). Homogenous representations of illness may be due to factors of media production (presenting stories simply), the use of media templates (Kitzinger, 2000), or the effect of other limited constructions (such as constructions of masculinity and femininity in sex-related cancers (Halpin et al., 2009)). It is claimed that these limited representations can constrain those with particular disease according to what is 'culturally

defined' (Hacking, 2002; Halpin et al., 2009). Such findings imply that heterogeneity of media representations may be able to counteract such problems. This study has demonstrated that arthritis is currently represented heterogeneously in British media and yet is still perceived negatively (Barker et al., 2014). This indicates that whilst the representations of arthritis in British media are multiple, this multiplicity does not prevent understandings of arthritis being constrained by what is 'culturally defined', or help combat negative perceptions. The representations of arthritis found in the media are unlikely to convey the totality of arthritis experience or match a person's own experience exactly. Therefore, although certain representations may be helpful to some in providing advice, reassurance and similarity of experience; other representations may be potentially damaging. Furthermore, the multiplicity of representations may lead to confusion about arthritis, including what the condition is, causal factors, diagnosis, treatment and progression. Dissonance between healthcare professionals understandings of chronic conditions and patients own interpretations have been linked with patients feeling unsupported (Sanders & Rogers, 2011). Such dissonance is made more likely when a condition, such as arthritis, has been shown to be multiple. This lack of certainty may also contribute to negative perceptions of arthritis, and undermine the legitimacy that the condition is afforded by the public.

9.3 Implications for primary care and health care professionals

This research has identified that different conceptualisations of arthritis afford different levels of legitimacy. The conceptualisation of arthritis as a condition most closely mirrors the construction of arthritis offered in current treatment guidelines (NICE, 2014) and by leading authorities on the condition (Arthritis Research UK, 2013b). Both consider risk factors (such as being overweight or sedentary) as the main causes of arthritis, and recommend self-management as the main treatment (NICE, 2014). However this research identified that the conceptualisation of arthritis as a condition was afforded less legitimacy than the other two conceptualisations of arthritis (as a

disease or an ailment). This reduced legitimacy was due to the lack of severity and stability/progression of the condition that the other two discourses encapsulated, and the element of self-responsibility that resulted from risk factors being identified as the main cause. Whilst this conceptualisation of arthritis offered a more positive outlook for people with the condition by emphasising the role that patients can play in managing their own condition, and presenting arthritis as not necessarily degenerative or progressive, such messages also had the effect of reducing the perceived legitimacy of the condition. As such some articles linked these discourses of self-responsibility and self-management to messages about deservedness. The legitimacy afforded to a condition was found to play a crucial role in the perceived 'deservedness' of members of the public to support such as welfare benefits. As such, discourses that were perceived to be reducing the legitimacy of arthritis (the conceptualisation of arthritis as a condition) were rejected in favour of discourses that were perceived to increase legitimacy (the conceptualisation of arthritis as a disease).

The links between the conceptualisation of arthritis, the legitimacy afforded to the condition and the perceived 'deservedness' of individuals may provide an insight into why some patients may resist self-management of arthritis. In order to ensure that patients do not feel that the legitimacy of their experience of arthritis is being undermined, self-management must be carefully managed and supported. Supported self-management brings together different configurations of care depending on the needs of the patient. It can involve both primary and specialist care including GPs, physiotherapists, nurses, podiatry, orthopaedics and occupational therapy (Arthritis Research UK, 2013b). However it is recognised that appropriately 'supported' self-management is difficult to achieve, and studies have shown little added value from the introduction of specific support in the management of chronic conditions (Kennedy et al., 2013). Therefore the role of wider support, such as that provided by social networks (including friends and family) and work places must also be recognised to ensure that patients wider needs (such as mobility, social support and their own worries and concerns) are acknowledged and addressed (Morris, Kennedy,

& Sanders, 2015; Vassilev et al., 2011). The element of 'support' in self-management is critical to ensure that legitimacy is not undermined, and that patients can access the support (including welfare benefits) that they may require (Morden, Jinks, & Bie Nio Ong, 2011b; Morden, Jinks, & Ong, 2015).

This study has provided insight into how arthritis is represented in the media and the perspectives about the condition that prevail in society. Understanding how arthritis is perceived and represented will help health care professionals to effectively communicate with patients.

Awareness that there are three dominant conceptualisations of arthritis, and that these are determined by deeply held frames of reference is therefore essential for health care professionals working with arthritis patients. NICE (2014) recommends that patient's beliefs about their arthritis are explored in consultations, particularly when they express distress about their condition, as biopsychosocial factors (such as health beliefs) have been shown to be more closely associated with health status and quality of life than measures of disease severity. Recognition of these three predominant representations of arthritis can provide a basis for conversations about arthritis beliefs in consultations. It is important that health care professionals recognise that beliefs about arthritis (such as cause and progression) are not held in isolation, but are instead influenced by larger frames of reference. As such, a patient's receptivity to treatments and self-management advice, and their ability to follow such recommendations, may be influenced by whether the advice is in line with their own frame of reference for their condition. If a health care professional is aware of the dominant frames of reference that may influence beliefs about arthritis, they can engage with the patient on this topic, and tailor their advice and education accordingly. As current guidelines recommend self-management (such as weight loss and increasing exercise) and patient education as core treatments (NICE, 2014), patient receptivity, engagement and effective communication is essential.

This study has identified that the media construct arthritis as multiple. As discussed above, this multiplicity has implications for primary care, health care professionals and patients, as it may undermine legitimacy, reduce engagement with treatments and complicate effective communication. One potential solution to these difficulties is the generation of a media guide for the publication of articles about arthritis. Similar guides have been produced to advise on the media representation of disability, disfigurement and suicide (British Paralympic Association, 2012; Changing Faces, n.d.; Samaritans, 2013). Such a guide could be generated collaboratively between journalists and researchers to inform of most effective and consistent way to communicate messages about arthritis with the general public. Previous studies have indicated that the use of such guides can help to ensure that messages are consistent (Wakefield et al., 2010) – a factor cited in both previous research and this study as influencing the public's trust in healthcare messages.

9.4 Contribution to knowledge

This thesis has made five contributions to knowledge:

To my knowledge, this study is the first to explore the construction of arthritis in British media. In doing so, I have provided a descriptive profile of arthritis which shows that arthritis articles most frequently appear in tabloid rather than quality/broadsheet newspapers and that 'arthritis' is the most commonly used terminology for the condition. Awareness of where articles about arthritis are most frequently published provides an insight into which media audience groups are currently receiving the most information about arthritis. The frequent use of the word 'arthritis', and the fact that this term was favoured over others, in media representations about the condition indicate that this terminology is widely understood by the public.

Second, this study has demonstrated that constructions of arthritis are not singular and coherent, instead they are multiple. This multiplicity is influenced by the frame of reference that is

employed, and the constructions of related concepts such as ageing and disability. These conceptualisations of arthritis have been illustrated through a model (Figure 9.2) which maps the relationship between media constructions, determinants and influences on arthritis revealed in this study.

Third, one aim of this research was to explore how media messages about arthritis are received by social groups with no specific or particular knowledge or experience of the condition. Previous studies have examined perceptions of arthritis in lay groups of people with the condition, as well as with groups of stakeholders (including medical professionals) (Barker et al., 2014; Victor et al., 2004). There has also been limited research into the general public's perceptions of rheumatic disease generally (Wardt et al., 2000). However this study is the first to analyse 'public' perceptions of arthritis and the negotiation of media messages. This study demonstrated that media messages are received and interpreted by the public, regardless of their interest in the topic. However those with an interest in the topic, due to personal or peer experience, pay more close attention to media reporting about the condition. Media messages about arthritis are interpreted in a complex web of understanding and are interpreted according to media representation about related issues, such as other health topics, ageing and disability. Additionally, factors of media production, such as sensationalism, trust and credibility of media publications, shape media audiences' views of topics. The fact that the focus groups so closely mirrored media discourse about arthritis indicates that media messages do influence the general public's perceptions of the condition.

Fourth, media production factors have been shown to be influential in how constructions of arthritis are reported in the media. This study has shown that seasonality, the type of media (newspaper or magazine) and the individual publication can all influence how arthritis is represented. One key area of media production that may shape the perception of arthritis is whether the condition is reported as part of 'hard' or 'soft' media reporting. When reported as

part of 'hard' media articles, arthritis is presented as a social concern, whereas when reported in 'soft' media articles arthritis is represented from a personal perspective, often through personal accounts of arthritis experience.

Finally, this research makes a methodological contribution through the addition of the 'element of interest' to Labov's six elements of a story. The element of interest was identified in the articles about benefit fraud discussed in Chapter Six, and was evident in all of the stories analysed in this way. This additional element added to the 'newsworthiness' of a story, and included aspects such as poetic justice or irony. This additional element may be identified alongside Labov's six elements when analysing narratives of news stories in order to gain insight into how media production factors influence the structure of a story.

9.5 Strengths and limitations

This study utilised mixed methods to explore the construction of arthritis. This section outlines strengths and limitations of the methods used in the study.

9.5.1 Strengths

Using newspapers and magazines to explore media representations of illnesses and disease is common practice in medical sociology. Such sources are cheap and easy to access, quick to search and enable researchers to amass a large media corpus. Traditionally print only newspapers and magazines have been used in such studies. However, print media consumption is declining or converging with the increased use of the internet. As such, media is not often confined to a singular print basis platform, and people rarely access only one form of media. In order to incorporate such changing media habits into this study, I combined print newspapers and digital magazines. Using digital magazines enabled me to examine the context of the articles, and accompanying images. Such additional data is often excluded when text based approaches are used alone due to article retrieval relying on databases. Being able to analyse this additional

context provided greater insight into how magazines target their audiences, position articles on particular topics, and use images to communicate key messages. This enabled a rich and detailed analysis of the articles.

One key strength of this study was the newspaper sample. The corpus of newspaper articles was large (with 1014 articles included in the study). It was also broad, as it was sampled according to a range of medical and colloquial keywords over a twelve month period. Therefore it is likely that this sample was illustrative of overall newspaper coverage of arthritis during this period.

The different sample sizes of the media studied necessitated that different analytical techniques were used. This is a strength of the study, as it enabled the data to be interrogated from different perspectives. I selected analytical methods according to the data being analysed and the purpose of analysis. In the case of the newspaper articles, I had a high volume of articles, with no accompanying images. This dictated that I was not able to use a focussed method, such as critical discourse analysis, alone as the volume of data was too high. Therefore I used a combination of thematic and discourse schema analysis in order to assess both the content and themes of the data overall, and the narratives contained within the individual stories. I selected one particular narrative based approach, Labov's storied analysis, to analyse the 'Benefit Fraud' articles (as discussed in Section 3.5.5.3). I used this approach to explore the similarity of the structure and content of the articles, and examine the singular perspective from which the articles are presented. To analyse the magazine articles, a combination of thematic, discourse and imagery analysis was used. This approach was suited to the small number of articles in the sample, and enabled me to closely analyse the language and constructions offered in the article, along with the accompanying images. The use of focus groups to study media reception in this study was a strength as the two groups were able to provide insights into the reception and negotiation of media messages about arthritis. Focus groups are generally recommended over interviews as they mimic naturally occurring conversation, and reflect how media is received in the social world

(Holliman, 2004; Kitzinger, 1995, 2006, 2013). Additionally, as this study was interested in the reception of media representations of arthritis in the general public (rather than people with arthritis) using focus groups enabled access to this population. The use of interviews in such situations is inappropriate as it places too much burden on the participant to discuss a topic that they may know little about (Kitzinger, 2013). The use of a focus group alleviated this individual burden, and enabled those who may not otherwise have taken part in the research (due to lack of knowledge or interest in the condition), to participate.

Pre-acquainted groups were sampled for the focus groups. This method of sampling has two distinct benefits. There is a practical advantage to having a readymade group in that contacting a group takes less time and resources than contacting individuals to form a group (Barbour, 2008). For example most ready formed social groups have their own meeting times and places which negates the need to set up meeting points and provide transport for individuals. The second benefit is that participants already know one another. Pre-acquainted groups can lead to a better understanding of group dynamics and the ways that these can influence and change opinion as discussions within such groups may flow more naturally and people may not feel as inhibited to give their opinion or challenge each other (Barbour, 2007; Bloor et al , 2001). Furthermore, pre-formed groups are likely to have discussed the topics which are central to many focus groups such as health, and therefore provide more of a 'real-life' context for the research (Crossley, 2003; Barbour, 2007), thus this process mirrors naturally occurring social talk about the media (Kitzinger, 1994).

9.5.2 Limitations

Although the combination of newspapers and magazines proved useful in this study, the expansion of the study to examine other forms of media may have resulted in different findings. Television and internet streaming provide a key media resource that has yet to be used to examine the construction of arthritis. The examination of media representations of other health

and illness issues using these resources has demonstrated the important role that these forms of media play in the shaping, communication and influence of public knowledge and perceptions (Eysenbach et al., 2002; Wahl, 2003). However studies always depend on a balance between the depth and breadth of a study, and therefore the use of multiple media platforms, although able to provide different insights may not enable such depth of study as I achieved in this research.

The small number of focus groups recruited in this study is a limitation. According to Kitziinger (2013), in order to understand how different social groups receive and negotiate media messages, a large number of focus groups are required. Using more focus groups allows for selection according to various stratifications, including people with/without knowledge experience of the condition, different medical practitioners and healthcare workers, different ages, genders and stakeholders. This variety enables a much more nuanced view of media reception, and recognises that 'media audiences' are fragmented and heterogeneous. Whilst the use of multiple focus groups would have been ideal in this study, due to time constraints and difficulties of recruitment, only two focus groups were used. However to ensure maximum variation between the groups to allow comparison, I used groups of different ages and activity levels. On reflection, the issue of activity levels was not a feature that I felt influenced the group discussions; although there were notable differences between the discussions that may have been caused by the age discrepancy.

Although the use of pre-acquainted focus groups is an accepted approach in media reception research, there are two potential drawbacks to using such sampling methods. Firstly, it has been suggested that members of pre-acquainted focus groups may not feel comfortable expressing their honest opinion or may not wish to disclose personal information for fear of being judged by other members with whom there will be ongoing contact (Barbour, 2008). Therefore this method is generally not recommended for topics of a sensitive nature. As this research did not explore sensitive topics or personal experience, the risk of members feeling uncomfortable was low. This

risk was further addressed by ensuring that participants were made aware of their right to withdraw at any point should they decide to withdraw from the research.

Secondly, pre-existing social groups are likely to be similar in make up in terms of their gender, social class and ethnicity, and therefore may not be representative of the general population, or allow for the full diversity of perspectives available to emerge. This research did not aim for representativeness, and therefore this was not an issue, however gaining the breadth of interpretations of media messages was an important factor in the study. In order to address the potential issue of a reduced diversity of opinion, a purposive sampling strategy was used. This enabled me to target groups that had different characteristics which I theorised may impact on their opinions and perspectives about media receptions of arthritis.

The final limitation is the lack of specific methods to study media production. In this study, media production was analysed during the media representation and media reception studies. Including media production in the analysis enabled theoretical understandings about why the media represent things as they do. Production analysis was incorporated into the other forms of analysis due to the constraints of time and resources. Although close analysis of media representation can enable some insight into factors of media production, the use of such methods are criticised by some as being too far removed from the issue of production to allow accurate analysis (Miller, 1999) and the limits of such approaches to study media production have been previously documented (Kitzinger, 1998, 2000). Having methods specifically directed towards issues of media production, such as the use of interviews with journalists, media producers and stakeholders, enables a richer engagement with the processes of production (Henderson & Kitzinger, 1999; Holliman, 2004; Nairn, 2007). However this would have required greater time and resources, factors that were limited in this research project. Therefore the analysis of media production that was undertaken in this study enabled the topic to be addressed, albeit in a limited way.

9.6 Future research

The effectiveness of using media methods, informed by social constructionist theory, to study musculoskeletal conditions has been demonstrated in this research. However, as discussed in Chapter One, this method is underused in this area of health and illness research. Many musculoskeletal conditions, like arthritis, have prevailing negative perceptions about them, such as the perceived link between excessively rich diets and gout (Dalbeth et al., 2011).

Understanding what perceptions prevail in the media, and how they are communicated, can provide insight into how the conditions are constructed, and the effect of such constructions.

This study found that arthritis is conceptualised in three ways – as a disease, condition and ailment. Further research may investigate whether these conceptualisations are evident in how people with arthritis construct their condition. Understanding whether these conceptualisations are the basis for patients own constructions could help to improve communication between patients and health care professionals.

One recommendation to emerge from this research is the introduction of a media guide to ensure that media reports about arthritis contain consistent information, and that negative perceptions about the condition are not promoted or reinforced through media representations. Although the production of such guides have been found to be useful in steering the media (Wakefield et al., 2010), this research has demonstrated that the circuit of media (production, representation and reception) is complex and not easily directed. Issues of media production have been found to be particularly influential in determining how arthritis was represented; therefore these factors would need to be targeted for the introduction of such a guide to be successful. Future research would need to develop the content for a media guide, investigate the best approach to implementing it (including how best to collaborate with journalists) and to evaluate its impact on media reporting of arthritis.

9.7 Conclusion

The aim of this thesis was to investigate how arthritis is constructed in British media, and to examine the influences and potential effects of such constructions. A qualitative mixed methods approach was adopted, combining media analysis (newspapers and magazines) to examine media representations, and focus groups to examine media reception. A range of complementary analytical techniques were employed to interrogate the data, including thematic, discourse and imagery analyses.

In summary, three conceptualisations of arthritis have been identified, arthritis as a disease, a condition or ailment. These conceptualisations are aligned with three existing frames of reference in society – biomedicine, (osteo)arthritis as a disease), surveillance medicine ((osteo)arthritis as a condition) and ‘normal’ ageing (arthritis as an ailment). These three constructions of arthritis not only influence how people think about the condition, but also influence arthritis enactments and ontologies. As such, arthritis is not a singular condition, instead the construction, enactment and reality of arthritis is multiple. The conceptualisations of arthritis are themselves influenced by dichotomous constructions of disability (saints or scroungers) and ageing (peril or promise), and their representation in the media is determined by factors of media production (audience targeting, commercial interests and ‘newsworthiness’). General public perceptions of arthritis are also not singular and stable, but are multiple and influenced by constructions of disability and ageing. Media production, including trust and credibility, influence how media articles are received and interpreted by the general public.

Recognising arthritis as multiple is important for health care professionals and patients, as the multiple conceptualisations can impact on actions (enactments) including knowledge about the cause, treatment and outcome, and are linked to understandings of legitimacy. Therefore communication between healthcare professionals and arthritis patients will be influenced according to how each conceptualise arthritis. If conceptualisations of arthritis are not aligned,

and such discord is not broached within the consultation, this may have a negative effect on the willingness of the patient to consult in future, or to undertake effective treatment strategies such as self-management.

Media guides have been produced for other health topics (such as mental illness, suicide and disability) to help improve communication between researchers and journalists, inform journalists about the potential effects of media representations, and ensure that information in the media is credible, trustworthy and in line with current knowledge. The production of a media guide may help to reduce the complexity of different media representations of arthritis, making it easier for patients to access information that is consistent and trustworthy. A media guide may also help to tackle issues associated with the multiple conceptualisations of arthritis such as reduced legitimacy and media judgements about 'deservedness'. Future research could focus on the development, production and evaluation of such a guide.

List of references

- Ackerknecht, E. H. (1967). *Medicine at the Paris hospital, 1794-1848*. Baltimore: Johns Hopkins
- Alami, S., Boutron, I., Desjeux, D., Hirschhorn, M., Meric, G., Rannou, F., & Poiraudau, S. (2011). Patients' and practitioners' views of knee osteoarthritis and its management: a qualitative interview study. *PloS One*, 6(5), e19634. <http://doi.org/10.1371/journal.pone.0019634>
- Ali, F., Jinks, C., & Ong, B. N. (2012). "...Keep mobile, I think that's half the battle." A qualitative study of prevention of knee pain in symptomless older adults. *BMC Public Health*, 12(1), 753. Retrieved from <http://www.biomedcentral.com/1471-2458/12/753>
- Allegrante, J. P., & Marks, R. (2003). Self-efficacy in management of osteoarthritis. *Rheumatic Disease Clinics of North America*, 29(4). [http://doi.org/10.1016/S0889-857X\(03\)00060-7](http://doi.org/10.1016/S0889-857X(03)00060-7)
- Allen, K. D., & Golightly, Y. M. (2015). Epidemiology of osteoarthritis: state of the evidence. *Current Opinion in Rheumatology*, 27(3), 276–83. <http://doi.org/10.1097/BOR.0000000000000161>
- Armstrong, D. (1995). The rise of surveillance medicine. *Sociology of Health & Illness*, 17(3), 393–405. <http://doi.org/10.1111/1467-9566.ep10933329>
- Arthritis Care. (2004). *OA Nation*. Retrieved from <http://medcontent.metapress.com/index/A65RM03P4874243N.pdf>
- Arthritis Care. (2012). *OA Nation 2012*. Retrieved from https://issuu.com/arthritisresearchuk/docs/oa_nation_2012_report
- Arthritis Research UK. (2013a). Osteoarthritis in general practice. *The Medical Press*, 222, 253–258.
- Arthritis Research UK. (2013b). *Understanding Arthritis: A parliamentary guide to musculoskeletal health*. Chesterfield.
- Arthritis Research UK. (2016). What is arthritis? Retrieved January 15, 2016, from <http://www.arthritisresearchuk.org/arthritis-information/conditions/arthritis/what-is-arthritis.aspx>
- Audit Bureau Circulations. (2012). National newspaper ABC figures 2012. Retrieved from <http://www.theguardian.com/media/page/2012/feb/10/1>
- Audit Bureau Circulations. (2013). National newspaper ABC figures 2013. Retrieved from <http://www.theguardian.com/media/2013/nov/13/abcs-national-newspapers-2013>
- Bakhtin, M. (2010). *Speech Genres and Other Late Essays*. (V. W. McGee, C. Emerson, & M. Holquist, Eds.). Austin: University of Texas Press.
- Barbour, R. (2008). *Doing Focus Groups*. London: SAGE Publications.
- Barker, K. L., Reid, M., & Minns Lowe, C. J. (2014). What does the language we use about arthritis mean to people who have osteoarthritis? A qualitative study. *Disability and Rehabilitation*, 36(5), 367–72. <http://doi.org/10.3109/09638288.2013.793409>

- Barnes, C. (2012). *The Social Model of Disability: Valuable or Irrelevant*. Routledge Handbook of Disability Studies. London: Routledge.
- Barr, A., Conaghan, P. G., Barr, A., & Conaghan, P. G. (2012). Osteoarthritis : a holistic approach. *Clinical Medicine*, 12(2), 153–155.
- Barthes, R. (1967). *Elements of Semiology*. London: Cape Publishing.
- Barthes, R. (1972). *Mythologies*. New York: Hill and Wang.
- Barthes, R. (1975). *S/Z*. (R. Miller & R. Howard, Eds.). New York: Farrar, Straus and Giroux.
- Barthes, R. (1977). "Rhetoric of the Image." In S. Heath (Ed.), *Image, Music, Text: Translated by Stephen Heath* (pp. 32–51). New York: Hill and Wang.
- BBC One - Saints and Scroungers. (n.d.). Retrieved October 16, 2014, from <http://www.bbc.co.uk/programmes/b00xggvx>
- Becker, H. (1963). Labelling theory reconsidered. In *Outsiders: studies in the sociology of deviance* (pp. 177–206). New York: The Free Press.
- Bednarek, M., & Caple, H. (2014). Why do news values matter? Towards a new methodological framework for analysing news discourse in Critical Discourse Analysis and beyond. *Discourse & Society*, 25(2), 135–158. <http://doi.org/10.1177/0957926513516041>
- Bedson, J., Mottram, S., Thomas, E., & Peat, G. (2007). Knee pain and osteoarthritis in the general population: What influences patients to consult? *Family Practice*, 24(5), 443–453. <http://doi.org/10.1093/fampra/cmm036>
- Bell, K., Salmon, A., Bowers, M., Bell, J., & McCullough, L. (2010). Smoking, stigma and tobacco "denormalization": Further reflections on the use of stigma as a public health tool. A commentary on Social Science & Medicine's Stigma, Prejudice, Discrimination and Health Special Issue (67: 3). *Social Science and Medicine*, 70(6), 795–799. <http://doi.org/10.1016/j.socscimed.2009.09.060>
- Benefits Street - Channel 4. (n.d.). Retrieved October 16, 2014, from <http://www.channel4.com/programmes/benefits-street>
- Berger, R. J. (2008). Disability and the Dedicated Wheelchair Athlete: Beyond the "Supercrip" Critique. *Journal of Contemporary Ethnography*, 37(6), 647–678. <http://doi.org/10.1177/0891241607309892>
- Bijlsma, J. W. J., Berenbaum, F., & Lefeber, F. P. J. G. (2011). Osteoarthritis: An update with relevance for clinical practice. *The Lancet*, 377(9783), 2115–2126. [http://doi.org/10.1016/S0140-6736\(11\)60243-2](http://doi.org/10.1016/S0140-6736(11)60243-2)
- Bithell, C. (2010). *Mental health research in the media : Recommendations for a new function at the Science Media Centre*. Retrieved from <http://www.sciencemediacentre.org/wp-content/uploads/2012/09/Science-Media-Centre-mental-health-consultation-report.pdf>
- Blagojevic, M., Jinks, C., Jeffery, a., & Jordan, K. P. (2010). Risk factors for onset of osteoarthritis of the knee in older adults: a systematic review and meta-analysis. *Osteoarthritis and Cartilage*, 18(1), 24–33. <http://doi.org/10.1016/j.joca.2009.08.010>

- Blitz the £1.2bn fiddlers | The Sun | News | Politics. (n.d.). Retrieved October 16, 2014, from <http://www.thesun.co.uk/sol/homepage/news/politics/4161400/Blitz-the-12bn-fiddlers.html>
- Boden, S., Williams, S. J., Seale, C., Lowe, P., & Steinberg, D. L. (2008). The Social Construction of Sleep and Work in the British Print News Media. *Sociology*, 42(3), 541–558. <http://doi.org/10.1177/0038038508088839>
- Borkan, J., Reis, S., Hermoni, D., & Biderman, A. (1995). Talking about the Pain - a Patient-Centered Study of Low-Back-Pain in Primary-Care. *Social Science & Medicine*, 40(7). [http://doi.org/10.1016/0277-9536\(94\)00156-N](http://doi.org/10.1016/0277-9536(94)00156-N)
- Braye, S., Dixon, K., & Gibbons, T. (2013). “A mockery of equality”: an exploratory investigation into disabled activists’ views of the Paralympic Games. *Disability & Society*, 28(7), 984–996. <http://doi.org/10.1080/09687599.2012.748648>
- Briant, E., Watson, N., & Philo, G. (2011). *Bad News for Disabled People: How the Newspapers are Reporting Disability*. Glasgow.
- British Paralympic Association. (2012). Guide to Reporting on Paralympic Sport. Retrieved from http://paralympics.org.uk/uploads/documents/imported/ParalympicsGB_Guide_to_Reporting_on_Paralympic_Sport_-_June_2012.pdf
- Broadbent, J., Maisey, S., Holland, R., & Steel, N. (2008). Recorded quality of primary care for osteoarthritis: An observational study. *British Journal of General Practice*, 58(557), 839–843. <http://doi.org/10.3399/bjgp08X376177>
- Brooks, P. M. (2002). Impact of osteoarthritis on individuals and society: how much disability? Social consequences and health economic implications. *Current Opinion in Rheumatology*, 14(5), 573–577.
- Brown, P., Zavestoski, S. M., McCormick, S., Mandelbaum, J., & Luebke, T. (2001). Print media coverage of environmental causation of breast cancer. *Sociology of Health & Illness*, 23(6), 747–775. <http://doi.org/10.1111/1467-9566.00274>
- Bubela, T. M., & Caulfield, T. a. (2004). Do the print media “hype” genetic research? A comparison of newspaper stories and peer-reviewed research papers. *Canadian Medical Association Journal*, 170(9), 1399–1407. <http://doi.org/10.1503/cmaj.1030762>
- Buchbinder, R., Gross, D. P., Werner, E. L., & Hayden, J. A. (2008, January). Understanding the characteristics of effective mass media campaigns for back pain and methodological challenges in evaluating their effects. *Spine*. United States. <http://doi.org/10.1097/BRS.0b013e31815e39c8>
- Buchbinder, R., & Jolley, D. (2005). Effects of a media campaign on back beliefs is sustained 3 years after its cessation. *Spine*, 30(11), 1323–1330.
- Bunton, R., & Burrows, R. (2005). Consumption and health in the “epidemiological” clinic of late modern medicine. In R. Bunton, S. Nettleton, & R. Burrows (Eds.), *The sociology of health promotion: Critical analyses of consumption, lifestyle and risk* (pp. 189–203). London: Routledge.
- Burke, W., Olsen, A. H., Pinsky, L. E., Reynolds, S. E., & Press, N. A. (2001). Misleading presentation of breast cancer in popular magazines. *Effective Clinical Practice*, 4(2), 58–64.

- Bury, M. (1982). Chronic illness as biographical disruption. *Sociology of Health & Illness*, 4(2), 167–182. <http://doi.org/10.1111/1467-9566.ep11339939>
- Bury, M. (1991). The sociology of chronic illness: a review of research and prospects. *Sociology of Health & Illness*, 13(August 2015), 451–468. <http://doi.org/10.1111/j.1467-9566.1991.tb00522.x>
- Bury, M. (1996). Defining and researching disability: Challenges and responses. In C. Barnes & G. Mercer (Eds.), *Exploring the divide* (pp. 17–38). Leeds: Disability Press.
- Busby, H., Williams, G., & Rogers, A. (1997). 3. Bodies of knowledge: lay and biomedical understandings of musculoskeletal disorders. *Sociology of Health & Illness*, 19(19B), 79–99. <http://doi.org/10.1111/1467-9566.00087>
- Calnan, M., Wainwright, D., O'Neill, C., Winterbottom, a, & Watkins, C. (2007). Illness action rediscovered: a case study of upper limb pain. *Sociology of Health & Illness*, 29(3), 321–346. <http://doi.org/10.1111/j.1467-9566.2007.00543.x>
- Carricaburu, D., & Pierret, J. (1995). From biographical disruption to biographical reinforcement: The case of HIV-positive men. *Sociology of Health & Illness*, 17(1), 65–88. <http://doi.org/10.1111/1467-9566.ep10934486>
- Chababaev, A., Fontayne, P., Boiche, J. Clement-Guillotin, C. (2013). The Influence of Sex stereotyps and gender roles on participation and performance in sport and exercise. *Psychology of Sport and Exercise*, 14(2), 136–144.
- Changing Faces. (n.d.). *Guidelines for Broadcasters on portraying and representing people with disfigurements* (Vol. 8). Retrieved from <http://www.mediatrust.org/uploads/127653130197801/original.pdf>
- Charmaz, K. (1990). Discovering Chronic Illness - using Grounded Theory. *Social Science & Medicine*, 30(11). [http://doi.org/10.1016/0277-9536\(90\)90256-R](http://doi.org/10.1016/0277-9536(90)90256-R)
- Charmaz, K., & Rosenfeld, D. (2006). Reflections of the body, images of self: Visibility and invisibility in chronic illnesses and disability. In D. Waskul & P. Vannini (Eds.), *Body/embodiment: Symbolic interation and the sociology of the body* (pp. 35–50). Aldershot: Ashgate Publishing.
- Chase, E., & Walker, R. (2012). The Co-construction of Shame in the Context of Poverty: Beyond a Threat to the Social Bond. *Sociology*, 47(4), 739–754. <http://doi.org/10.1177/0038038512453796>
- Cheraghi-Sohi, S., Bower, P., Kennedy, A., Morden, A., Rogers, A., Richardson, J. C., ... Ong, B. N. (2013). Patient priorities in osteoarthritis and comorbid conditions: a secondary analysis of qualitative data. *Arthritis Care & Research*, 65(6), 920–7. <http://doi.org/10.1002/acr.21897>
- Clarke, J. N. (2011). Magazine portrayal of attention deficit/hyperactivity disorder (ADD/ADHD): A post-modern epidemic in a post-trust society. *Health Risk & Society*, 13(7-8). <http://doi.org/10.1080/13698575.2011.624178>
- Clarke, J. N., & Everest, M. M. (2006). Cancer in the mass print media: fear, uncertainty and the medical model. *Social Science & Medicine*, 62(10), 2591–600. <http://doi.org/10.1016/j.socscimed.2005.11.021>

- Clarke, J. N., & van Amerom, G. (2008). Mass print media depictions of cancer and heart disease: community versus individualistic perspectives? *Health & Social Care in the Community*, 16(1), 96–103. <http://doi.org/10.1111/j.1365-2524.2007.00731.x>
- Clement, S., & Foster, N. (2008). Newspaper reporting on schizophrenia: a content analysis of five national newspapers at two time points. *Schizophrenia Research*, 98(1-3), 178–83. <http://doi.org/10.1016/j.schres.2007.09.028>
- Collins, P. a., Abelson, J., Pyman, H., & Lavis, J. N. (2006). Are we expecting too much from print media? An analysis of newspaper coverage of the 2002 Canadian healthcare reform debate. *Social Science and Medicine*, 63(1), 89–102. <http://doi.org/10.1016/j.socscimed.2005.12.012>
- Conaghan, P. G., Porcheret, M., Kingsbury, S. R., Gammon, A., Soni, A., Hurley, M., ... Birrell, F. (2014). Impact and therapy of osteoarthritis: the Arthritis Care OA Nation 2012 survey. *Clinical Rheumatology*, 34(9), 1581–1588. <http://doi.org/10.1007/s10067-014-2692-1>
- Cooper, C., & Roter, D. L. (2000). “If it bleeds it leads”? Attributes of TV health news stories that drive viewer attention. *Public Health Reports*, 115(4), 331–338. <http://doi.org/10.1093/phr/115.4.331>
- Corbin, J. M., & Strauss, A. L. (1987). Accompaniments of chronic illness: Changes in body, self, biography, and biographical time. *Research in the Sociology of Health Care*, 6(3), 249–281.
- Corbin, J. M., & Strauss, A. L. (1988). *Unending work and care: Managing chronic illness at home*. San Francisco: Jossey-Bass.
- Cornwell, J. (1984). *Hard-earned Lives: Accounts of Health and Illness from East London*. London: Tavistock Publications.
- Cosgrove, L. (2000). Crying out loud: Understanding women’s emotional distress as both lived experience and social construction. *Feminism & Psychology*, 10(2). <http://doi.org/10.1177/0959353500010002004>
- Cosmopolitan. (2014). Cosmopolitan Media Pack 2014. Cosmopolitan. Retrieved from http://hearstcouk.wp.cdn.net/tmp/wpro1410507987703195/2014/07/CosmoMediaPack_2014_v4August2014.pdf
- Covello, V. T., & Peters, R. G. (2002). Women’s perceptions of the risks of age-related diseases, including breast cancer: reports from a 3-year research study. *Health Communication*, 14(3), 377–395. http://doi.org/10.1207/S15327027HC1403_5
- Coveney, C. M., Nerlich, B., & Martin, P. (2009). Modafinil in the media: metaphors, medicalisation and the body. *Social Science & Medicine*, 68(3), 487–95. <http://doi.org/10.1016/j.socscimed.2008.11.016>
- Coverdale, J., Nairn, R. G., & Claasen, D. (2002). Depictions of mental illness in print media: a prospective national sample. *Australian and New Zealand Journal of Psychiatry*, 36(5), 697–700. <http://doi.org/10.1046/j.1440-1614.2002.00998.x>
- Coyle, J., & MacWhannell, D. (2002). The importance of “morality” in the social construction of suicide in Scottish newspapers. *Sociology of Health & Illness*, 24(6), 689–713. <http://doi.org/10.1111/1467-9566.00314>
- Cross, M., Smith, E., Hoy, D., Nolte, S., Ackerman, I., Fransen, M., ... March, L. (2014). The global

- burden of hip and knee osteoarthritis: estimates from the Global Burden of Disease 2010 study. *Annals of the Rheumatic Diseases*, 73 (7), 1323–1330.
<http://doi.org/10.1136/annrheumdis-2013-204763>
- Crossley, M. L. (2002). "Could you please pass one of those health leaflets along?": exploring health, morality and resistance through focus groups. *Social Science & Medicine*, 55(8), 1471–1483. [http://doi.org/10.1016/S0277-9536\(01\)00265-9](http://doi.org/10.1016/S0277-9536(01)00265-9)
- Dalbeth, N., Petrie, K. J., House, M., Chong, J., Leung, W., Chegudi, R., ... Taylor, W. J. (2011). Illness perceptions in patients with gout and the relationship with progression of musculoskeletal disability. *Arthritis Care and Research*, 63(11), 1605–1612.
<http://doi.org/10.1002/acr.20570>
- Deacon, D. (2007). Yesterday's Papers and Today's Technology: Digital Newspaper Archives and "Push Button" Content Analysis. *European Journal of Communication*, 22(1), 5–25.
<http://doi.org/10.1177/0267323107073743>
- Deary, I. J., Whiteman, M. C., & Fowkes, F. G. (1998). Medical research and the popular media. *Lancet*, 351(9117), 1726–1727. [http://doi.org/10.1016/S0140-6736\(97\)10317-8](http://doi.org/10.1016/S0140-6736(97)10317-8)
- Dieppe, P. A. (1999). Osteoarthritis: time to shift the paradigm. This includes distinguishing between severe disease and common minor disability. *BMJ (Clinical Research Ed.)*, 318(7194), 1299–300. <http://doi.org/10.1136/bmj.318.7194.1299>
- Dieppe, P. A., & Lohmander, L. S. (2005). Pathogenesis and management of pain in osteoarthritis. *Lancet*, 365(9463), 965–73. [http://doi.org/10.1016/S0140-6736\(05\)71086-2](http://doi.org/10.1016/S0140-6736(05)71086-2)
- Dixon-Woods, M., Seale, C., Young, B., Findlay, M., & Heney, D. (2003). Representing childhood cancer: Accounts from newspapers and parents. *Sociology of Health and Illness*, 25(2), 143–164. <http://doi.org/10.1111/1467-9566.00329>
- Donovan, J. L., & Blake, D. R. (2000). Qualitative study of interpretation of reassurance among patients attending rheumatology clinics : " just a touch of arthritis , doctor ?" *British Medical Journal*, 320(February), 541–544.
- Durodie, B. (2006). Risk and the social construction of "Gulf War Syndrome." *Philosophical Transactions of the Royal Society B-Biological Sciences*, 361(1468).
<http://doi.org/10.1098/rstb.2006.1827>
- Ekerdt, D. J. (1986). The busy ethic: moral continuity between work and retirement. *The Gerontologist*, 26(3), 239–244.
- Encandela, J. A. (1997). Social construction of pain and aging: Individual artfulness within interpretive structures. *Symbolic Interaction*, 20(3). <http://doi.org/10.1525/si.1997.20.3.251>
- Erol, M. (2011). Melting bones: The social construction of postmenopausal osteoporosis in Turkey. *Social Science and Medicine*, 73(10), 1490–7.
<http://doi.org/10.1016/j.socscimed.2011.08.033>
- Eysenbach, G., Powell, J., Kuss, O., & Sa, E. (2002). Empirical studies assessing the quality of health information for consumers on the world wide web: A systematic review. *JAMA*, 287(20), 2691–2700. Retrieved from <http://dx.doi.org/10.1001/jama.287.20.2691>
- Faircloth, C. A., Boylstein, C., Rittman, M., Young, M. E., & Gubrium, J. (2004). Sudden illness and

- biographical flow in narratives of stroke recovery. *Sociology of Health and Illness*, 26(2), 242–261. <http://doi.org/10.1111/j.1467-9566.2004.00388.x>
- Fairclough, N. (1991). *Discourse and Social Change*. Cambridge: Polity Press.
- Fairclough, N. (1992). Discourse and Text: Linguistic and Intertextual Analysis within Discourse Analysis. *Discourse & Society*, 3(2), 193–217. <http://doi.org/10.1177/0957926592003002004>
- Fairclough, N. (1993). Critical discourse analysis and the marketization of public discourse: The universities. *Discourse & Society*, 4(2), 133–168.
- Fairclough, N. (2001a). Critical discourse analysis as a method in social scientific research. In R. Wodak & M. Meyer (Eds.), *Methods of critical discourse analysis* (pp. 120–138). London: SAGE Publications.
- Fairclough, N. (2001b). The Discourse of New Labour: Critical Discourse Analysis. In M. Wetherell, S. Taylor, & S. J. Yates (Eds.), *Discourse as Data: A Guide for Analysis* (pp. 229–266). London: SAGE Publications.
- Featherstone, M., & Hepworth, M. (1991). The Mask of Ageing and the Postmodern Life Course. In M. Featherstone, M. Hepworth, & B. Turner (Eds.), *he Body: Social Process and Cultural Theory* (pp. 371–390). London: Sage Publications.
- Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating Rigor Using Thematic Analysis : A Hybrid Approach of Inductive and Deductive Coding and Theme Development. *International Journal of Qualitative Methods*, 5, 80–92.
- Fernandes, L., Hagen, K. B., Bijlsma, J. W. J., Andreassen, O., Christensen, P., Conaghan, P. G., ... Vliet Vlieland, T. P. M. (2013). EULAR recommendations for the non-pharmacological core management of hip and knee osteoarthritis. *Annals of the Rheumatic Diseases* . <http://doi.org/10.1136/annrheumdis-2012-202745>
- Fleck, L. (1979). *Genesis and deveopment of scientific fact*. (T. J. Trenn & R. K. Merton, Eds.). Chicago: University of Chicago Press.
- Fleischman, S. (1999). I am..., I have..., I suffer from...: A Linguist Reflects on the Language of Illness and Disease. *Journal of Medical Humanities*, 20(1), 3–32.
- Fortner, R. S., & Fackler, P. M. (2014). *The Handbook of Media and Mass Communication Theory*. New Jersey: Wiley.
- Foucault, M. (1984). "The Order of Discourse." In M. Shapiro (Ed.), *Language and Politics* (pp. 108–138). Oxford: Blackwell Publishing Ltd.
- Foucault, M., & Rabinow, P. (1984). *The Foucault reader*. New York: Pantheon Books.
- Fox, F. (2012). 10 best practice guidelines for reporting science and health stories. Retrieved from <http://webarchive.nationalarchives.gov.uk/20140122145147/http://www.levesoninquiry.org.uk/wp-content/uploads/2012/07/Second-submission-to-Inquiry-from-Guidelines-for-science-and-health-reporting-31.05.12.pdf>
- Frank, A. W. (1997). The restitution narrative. In *The Wounded Storyteller: Body, Illness, and Ethics* (pp. 77–96). Chicago: University of Chicago Press.

- Fulton, G., Madden, C., & Minichiello, V. (1996). The social construction of anticipatory grief. *Social Science and Medicine*, 43(9). [http://doi.org/10.1016/0277-9536\(95\)00447-5](http://doi.org/10.1016/0277-9536(95)00447-5)
- Gabel, S., & Peters, S. (2005). Presage of a paradigm shift? Beyond the social model of disability toward resistance theories of disability. *Disability & Society*, 20(2), 227–227. <http://doi.org/10.1080/09687590500059408>
- Gamson, W. (1992). Media Images and the Social Construction of Reality. *Annual Review of Sociology*, 18(1), 373–393.
- Garthwaite, K. (2011). “The language of shirkers and scroungers?” Talking about illness, disability and coalition welfare reform. *Disability & Society*, 26(3), 369–372. <http://doi.org/10.1080/09687599.2011.560420>
- Garthwaite, K. (2014). Fear of the Brown Envelope: Exploring Welfare Reform with Long-Term Sickness Benefits Recipients. *Social Policy & Administration*, 48(7), 782–798. <http://doi.org/10.1111/spol.12049>
- Garthwaite, K. (2015). Becoming incapacitated? Long-term sickness benefit recipients and the construction of stigma and identity narratives. *Sociology of Health & Illness*, 37(1), 1–13. <http://doi.org/10.1111/1467-9566.12168>
- Gergen, K. J. (2009a). *An Invitation to Social Construction*. London: SAGE Publications.
- Gergen, K. J. (2009b). *Realities and relationships: Soundings in social construction*. Cambridge: Harvard University Press.
- Gignac, M. A. M., Davis, A. M., Hawker, G., Wright, J. G., Mahomed, N., Fortin, P. R., & Badley, E. M. (2006). ?What do you expect? You’re just getting older?: A comparison of perceived osteoarthritis-related and aging-related health experiences in middle- and older-age adults. *Arthritis Care & Research*, 55(6), 905–912. <http://doi.org/10.1002/art.22338>
- Giulianotti, R., Armstrong, G., Hales, G., & Hobbs, D. (2014). Sport Mega-Events and Public Opposition: A Sociological Study of the London 2012 Olympics. *Journal of Sport & Social Issues*. <http://doi.org/10.1177/0193723514530565>
- Goffman, E. (1959). *The Presentation of Self in Everyday Life*. New York: Doubleday.
- Goffman, E. (1974). *Frame Analysis: An Essay on the Organization of Experience*. Cambridge: Harvard University Press.
- Gollust, S. E., & Lantz, P. M. (2009). Communicating population health: print news media coverage of type 2 diabetes. *Social Science & Medicine*, 69(7), 1091–8. <http://doi.org/10.1016/j.socscimed.2009.07.009>
- Gough, B. (2006). Try to be healthy, but don’t forgo your masculinity: Deconstructing men's health discourse in the media. *Social Science and Medicine*, 63(9), 2476–2488. <http://doi.org/10.1016/j.socscimed.2006.06.004>
- Gough, B. (2007). “Real men don’t diet’: an analysis of contemporary newspaper representations of men, food and health. *Social Science & Medicine*, 64(2), 326–37. <http://doi.org/10.1016/j.socscimed.2006.09.011>
- Greaves, D. (2002). Reflections on a new medical cosmology. *Journal of Medical Ethics*, 28(2), 81–

85. <http://doi.org/10.1136/jme.28.2.81>

- Grime, J., & Ong, B. N. (2007). Constructing osteoarthritis through discourse--a qualitative analysis of six patient information leaflets on osteoarthritis. *BMC Musculoskeletal Disorders*, 8, 34. <http://doi.org/10.1186/1471-2474-8-34>
- Grime, J., Richardson, J. C., & Ong, B. N. (2010). Perceptions of joint pain and feeling well in older people who reported being healthy: a qualitative study. *The British Journal of General Practice : The Journal of the Royal College of General Practitioners*, 60(577), 597–603. <http://doi.org/10.3399/bjgp10X515106>
- Gross, D. P., Deshpande, S., Werner, E. L., Reneman, M. F., Miciak, M. A., & Buchbinder, R. (2012). Fostering change in back pain beliefs and behaviors: When public education is not enough. *Spine Journal*, 12(11), 979–988. <http://doi.org/10.1016/j.spinee.2012.09.001>
- Gross, D. P., Russell, A. S., Ferrari, R., Battie, M. C., Schopflocher, D., Hu, R., ... Buchbinder, R. (2010). Evaluation of a Canadian back pain mass media campaign. *Spine*, 35(8), 906–913. <http://doi.org/10.1097/BRS.0b013e3181c91140>
- Grover, C., & Piggott, L. (2010). From Incapacity Benefit to Employment and Support Allowance: social sorting, sickness and impairment, and social security. *Policy Studies*, 31(2), 265–282. <http://doi.org/10.1080/01442870903429678>
- Gunter, B. (2000). *Media Research Methods: Measuring Audiences, Reactions and Impact*. London: SAGE Publications.
- Ha, L., & Fang, L. (2012). Internet experience and time displacement of traditional news media use: An application of the theory of the niche. *Telematics and Informatics*, 29(2), 177–186. <http://doi.org/10.1016/j.tele.2011.06.001>
- Hacking, I. (1999). *The social construction of what?* Cambridge: Harvard university press.
- Hacking, I. (2002). *Historical ontology*. Cambridge: Harvard university press.
- Hadler, N. M., & Greenhalgh, S. (2005). Labeling woefulness: The social construction of fibromyalgia. *Spine*, 30(1).
- Hall, S. (1980). Encoding/decoding. In S. Hall, D. Hobson, A. Lowe, & P. Willis (Eds.), *Culture, Media, Language* (pp. 128–138). London: Hutchinson.
- Hall, S. (1997). Representation and the media. Media Education Foundation. Retrieved from http://www.mediaed.org/assets/products/409/transcript_409.pdf
- Hall, S. (2003). *Representation: Cultural representation and signifying practices*. (S. Hall, Ed.). London: SAGE Publications.
- Haller, B., Dorries, B., & Rahn, J. (2006). the US disability community identity: a study of shifting cultural language. *Disability & Society*, 21(1), 61–75. <http://doi.org/10.1080/09687590500375416>
- Halliday, M. A. K. (1978). *Language as a Social Semiotic: The Social Interpretation of Language and Meaning*. Baltimore: University Park Press.
- Hallin, D. C., Brandt, M., & Briggs, C. L. (2013). Biomedicalization and the public sphere:

- newspaper coverage of health and medicine, 1960s-2000s. *Social Science & Medicine*, 96, 121–8. <http://doi.org/10.1016/j.socscimed.2013.07.030>
- Halpin, M., Phillips, M., & Oliffe, J. L. (2009). Prostate cancer stories in the Canadian print media: representations of illness, disease and masculinities. *Sociology of Health & Illness*, 31(2), 155–69. <http://doi.org/10.1111/j.1467-9566.2008.01122.x>
- Hanney, S. R., Grant, J., Wooding, S., & Buxton, M. J. (2004). Proposed methods for reviewing the outcomes of health research: the impact of funding by the UK's "Arthritis Research Campaign." *Health Research Policy and Systems*, 2, 4. <http://doi.org/10.1186/1478-4505-2-4>
- Hansen, A., & Machin, D. (2013). *Media & Communication Research Methods*. Hampshire: Palgrave Macmillan.
- Hardin, M. M., & Hardin, B. (2004). The "Supercrip" in sport media: Wheelchair athletes discuss hegemony's disabled hero. *Sociology of Sport Online*, 7(1). Retrieved from http://physed.otago.ac.nz/sosol/v7i1/v7i1_1.html
- Henderson, L., & Kitzinger, J. (1999). The human drama of genetics: 'hard' and 'soft' media representations of inherited breast cancer. *Sociology of Health & Illness*, 21(5), 560–578. <http://doi.org/10.1111/1467-9566.00173>
- Henderson, L., Kitzinger, J., & Green, J. (2000). Representing infant feeding : content analysis of British media portrayals of bottle feeding and breast feeding. *British Medical Journal*, 321(November), 1196–1198.
- Hendry, M., Williams, N. H., Markland, D., Wilkinson, C., & Maddison, P. (2006). Why should we exercise when our knees hurt? A qualitative study of primary care patients with osteoarthritis of the knee. *Family Practice*, 23(5), 558–67. <http://doi.org/10.1093/fampra/cml022>
- Herek, G. M., Capitanio, J. P., & Widaman, K. F. (2003). Stigma, social risk, and health policy: Public attitudes toward HIV surveillance policies and the social construction of illness. *Health Psychology*, 22(5). <http://doi.org/10.1037/0278-6133.22.5.533>
- Hesmondhalgh, D. (2006). Bourdieu, the media and cultural production. *Media, Culture & Society*, 28(2), 211–231. <http://doi.org/10.1177/0163443706061682>
- Hill, J., & Bird, H. (2007). Patient knowledge and misconceptions of osteoarthritis assessed by a validated self-completed knowledge questionnaire (PKQ-OA). *Rheumatology*, 46(5), 796–800. <http://doi.org/10.1093/rheumatology/kel407>
- Hill, S., Dziedzic, K., & Nio Ong, B. (2011). Patients' perceptions of the treatment and management of hand osteoarthritis: a focus group enquiry. *Disability and Rehabilitation*, 33(19-20), 1866–72. <http://doi.org/10.3109/09638288.2010.550381>
- Hilton, S., & Hunt, K. (2010). Coverage of Jade Goody's cervical cancer in UK newspapers: a missed opportunity for health promotion? *BMC Public Health*, 10(1), 368. <http://doi.org/10.1186/1471-2458-10-368>
- Hilton, S., & Hunt, K. (2011). UK newspapers' representations of the 2009-10 outbreak of swine flu: one health scare not over-hyped by the media? *Journal of Epidemiology and Community Health*, 65(10), 941–6. <http://doi.org/10.1136/jech.2010.119875>

- Hilton, S., Hunt, K., Langan, M., Bedford, H., & Petticrew, M. (2010). Newsprint media representations of the introduction of the HPV vaccination programme for cervical cancer prevention in the UK (2005-2008). *Social Science & Medicine*, 70(6), 942–50. <http://doi.org/10.1016/j.socscimed.2009.11.027>
- Hilton, S., Patterson, C., & Teyhan, A. (2012). Escalating coverage of obesity in UK newspapers: the evolution and framing of the “obesity epidemic” from 1996 to 2010. *Obesity (Silver Spring, Md.)*, 20(8), 1688–95. <http://doi.org/10.1038/oby.2012.27>
- Hjarvard, S. (2008). The Mediatization of Society: A theory of media as agents of social and cultural change. *Nordicom Review*, 29(2), 105–134.
- HM Government. (2012). Welfare Reform Act 2012, Chapter Five. London: The Stationary Office. Retrieved from <http://www.legislation.gov.uk/ukpga/2012/5/contents>
- Hodgetts, D., Chamberlain, K., Scammell, M., Karapu, R., & Waimarie Nikora, L. (2008). Constructing health news: possibilities for a civic-oriented journalism. *Health (London, England : 1997)*, 12(1), 43–66. <http://doi.org/10.1177/1363459307083697>
- Holden, M. a, Nicholls, E. E., Young, J., Hay, E. M., & Foster, N. E. (2012). Role of exercise for knee pain: what do older adults in the community think? *Arthritis Care & Research*, 64(10), 1554–64. <http://doi.org/10.1002/acr.21700>
- Holliman, R. (2004). Media Coverage of Cloning: A Study of Media Content, Production and Reception. *Public Understanding of Science*, 13(2), 107–130. <http://doi.org/10.1177/0963662504043862>
- Holmes, B. (2009). S Obesity Epidemic: Illustrating the Subtleties of Surveillance Medicine. *Critical Public Health*, 19(2), 223–233. <http://doi.org/10.1080/09581590802478048>
- Holmes, D., Murray, S. J., Perron, A., & Rail, G. (2006). Deconstructing the evidence-based discourse in health sciences: truth, power and fascism. *International Journal of Evidence-Based Healthcare*, 4(3), 180–186. <http://doi.org/10.1111/j.1479-6988.2006.00041.x>
- Hooper, M. (2012). Who says print is dead? Retrieved October 11, 2014, from <http://www.theguardian.com/media/2012/jun/03/who-says-print-is-dead>
- House of Lords: Select Committee on Communications. (2013). Media Convergence. London: HMSO.
- Howard, D. H., Thorpe, K. E., & Busch, S. H. (2010). Understanding recent increases in chronic disease treatment rates: more disease or more detection? *Health Economics, Policy and Law*, 5(04), 411–435.
- Howe, P. D. (2011). Cyborg and Supercrip: The Paralympics Technology and the (Dis)empowerment of Disabled Athletes. *Sociology*, 45(5), 868–882. <http://doi.org/10.1177/0038038511413421>
- Hughes, E., Kitzinger, J., & Murdoch, G. (2006). The media and risk. In P. Taylor-Gooby & J. O. Zinn (Eds.), *Risk in Social Science* (p. 292 S.). Oxford: Oxford University Press.
- Hunt, M. A., Birmingham, T. B., Skarakis-Doyle, E., & Vandervoort, A. A. (2008). Towards a biopsychosocial framework of osteoarthritis of the knee. *Disability and Rehabilitation*, 30(1), 54–61.

- Hurley, M. V, Walsh, N., Bhavnani, V., Britten, N., & Stevenson, F. (2010). Health beliefs before and after participation on an exercised-based rehabilitation programme for chronic knee pain: doing is believing. *BMC Musculoskeletal Disorders*, 11, 31. <http://doi.org/10.1186/1471-2474-11-31>
- Jewson, N. D. (1976). The disappearance of the sick-man from medical cosmology, 1770-1870. *Sociology*, 10(2), 225–244. <http://doi.org/0803973233>
- Jinks, C., Jordan, K. P., & Croft, P. (2007). Osteoarthritis as a public health problem: The impact of developing knee pain on physical function in adults living in the community: (KNEST 3). *Rheumatology*, 46(5), 877–881. <http://doi.org/10.1093/rheumatology/kem013>
- Jinks, C., Ong, B. N., & O'Neill, T. (2010). "Well, it's nobody's responsibility but my own." A qualitative study to explore views about the determinants of health and prevention of knee pain in older adults. *BMC Public Health*, 10(1), 148. Retrieved from <http://www.biomedcentral.com/1471-2458/10/148>
- Johansson, S. (2007). *Reading Tabloids Tabloid Newspapers and Their Readers*. Stockholm: Södertörns University.
- Jordan, F. (2007). Life's a beach and then we diet: Discourses of tourism and the "beach body" in UK women's lifestyle magazines. In A. Pritchard (Ed.), *Tourism and Gender: Embodiment, Sensuality and Experience*. Wallingford: CABI.
- Kama, A. (2004). Supercrises versus the pitiful handicapped: Reception of disabling images by disabled audience members. *Communications*, 29(4), 1–19. <http://doi.org/10.1515/comm.2004.29.4.447>
- Katz, S. (2000). Busy Bodies: Activity, aging, and the management of everyday life. *Journal of Aging Studies*, 14(2), 135–152. [http://doi.org/10.1016/S0890-4065\(00\)80008-0](http://doi.org/10.1016/S0890-4065(00)80008-0)
- Kennedy, A., Bower, P., Reeves, D., Blakeman, T., Bowen, R., Chew-Graham, C., ... Rogers, A. (2013). Implementation of self management support for long term conditions in routine primary care settings: Cluster randomised controlled trial. *Bmj*, 346(May), f2882. <http://doi.org/10.1136/bmj.f2882>
- Kitzinger, J. (1995). Introducing focus groups. *British Medical Journal*, 311, 299–302.
- Kitzinger, J. (1998). The Gender Politics of News Production: Silenced voices and false memories. In C. Carter, G. Branson, & S. Allan (Eds.), *News, gender, and power* (pp. 186–203). London: Routledge.
- Kitzinger, J. (2000). "Media templates: patterns of association and the (re)construction of meaning over time." *Media, Culture & Society*, 22(1), 61–84.
- Kitzinger, J. (2005). Focus Group Research: Using group dynamics to explore perceptions, experiences and understandings. In I. Holloway (Ed.), *Qualitative Research In Health Care* (p. 56). Maidenhead: Open University Press.
- Kitzinger, J. (2006). Focus Groups. In C. Pope & N. Mays (Eds.), *Qualitative Research in Health Care* (3rd ed., pp. 21–31). Oxford: BMJ Publishing Group.
- Kitzinger, J. (2013). A sociology of media power: key issues in audience reception research. In G. Philo (Ed.), *Message Received* (pp. 3–20). Oxon: Routledge.

- Kitzinger, J., & Williams, C. (2005). Forecasting science futures: Legitimising hope and calming fears in the embryo stem cell debate. *Social Science and Medicine*, 61(3), 731–740. <http://doi.org/10.1016/j.socscimed.2005.03.018>
- Kristeva, J. (1986). Word, Dialogue and Novel. In T. Moi (Ed.), *The Kristeva Reader* (pp. 34–61). New York: Columbia University Press.
- Labov, W. (1972). *Language in the Inner City: Studies in the Black English Vernacular*. Philadelphia: University of Pennsylvania Press, Incorporated.
- Lantz, P. M., & Booth, K. M. (1998). The social construction of the breast cancer epidemic. *Social Science & Medicine*, 46(7), 907–918. [http://doi.org/10.1016/S0277-9536\(97\)00218-9](http://doi.org/10.1016/S0277-9536(97)00218-9)
- Larsen, C. a., & Dejgaard, T. E. (2013). The institutional logic of images of the poor and welfare recipients: A comparative study of British, Swedish and Danish newspapers. *Journal of European Social Policy*, 23(3), 287–299. <http://doi.org/10.1177/0958928713480068>
- Lawrence, J., Kearns, R. a, Park, J., Bryder, L., & Worth, H. (2008). Discourses of disease: representations of tuberculosis within New Zealand newspapers 2002–2004. *Social Science & Medicine*, 66(3), 727–39. <http://doi.org/10.1016/j.socscimed.2007.10.015>
- Lax, M. B. (1998). Multiple chemical sensitivities: The social construction of an illness. *International Journal of Health Services*, 28(4). <http://doi.org/10.2190/757T-JGBV-M6G2-Y3U2>
- Leask, J. (2016). Media researchers must understand the audience too. *The European Journal of Public Health*, ckw003. <http://doi.org/10.1093/eurpub/ckw003>
- Leask, J., & Chapman, S. (2006). “ The cold hard facts ” immunisation and vaccine preventable diseases in Australia ’ s newsprint media 1993 – 1998. *Social Science and Medicine*, 54(2002), 445–457.
- Leask, J., Hooker, C., & King, C. (2010). Media coverage of health issues and how to work more effectively with journalists: a qualitative study. *BMC Public Health*, 10, 535. <http://doi.org/10.1186/1471-2458-10-535>
- Leavy, J. E., Bull, F. C., Rosenberg, M., & Bauman, A. (2011). Physical activity mass media campaigns and their evaluation: A systematic review of the literature 2003–2010. *Health Education Research*, 26(6), 1060–1085. <http://doi.org/10.1093/her/cyr069>
- Levi-Strauss, C. (1955). The Structural Study of Myth. *The Journal of American Folklore*, 68(270), 428–444.
- Lian, O. S., & Bondevik, H. (2015). Medical constructions of long-term exhaustion, past and present. *Sociology of Health & Illness*, 37(6), 920–935. <http://doi.org/10.1111/1467-9566.12249>
- Liang, J., & Luo, B. (2012). Toward a discourse shift in social gerontology: From successful aging to harmonious aging. *Journal of Aging Studies*, 26(3), 327–334. <http://doi.org/10.1016/j.jaging.2012.03.001>
- Lightman, E., Vick, A., Herd, D., & Mitchell, A. (2009). “Not disabled enough”: Episodic disabilities and the Ontario disability support program. *Disability Studies Quarterly*, 29(3).

- Litwic, A., Edwards, M. H., Dennison, E. M., & Cooper, C. (2013). Epidemiology and burden of osteoarthritis. *British Medical Bulletin*, 105(1), 185–199. <http://doi.org/10.1093/bmb/lds038>
- Locker, D. (1991). Living with chronic illness. *Sociology as Applied to Medicine*, 3, 81–92.
- Loeser, R. F. (2012). Aging processes and the development of osteoarthritis. *Current Opinion in Rheumatology*, 25(1), 1. <http://doi.org/10.1097/BOR.0b013e32835a9428>
- Lopman, B. A., Reacher, M., Gallimore, C., Adak, G. K., Gray, J. J., & Brown, D. W. G. (2003). A summertime peak of. *BMC Public Health*, 3(1), 13.
- Löwy, I. (1988). Ludwik Fleck on the social construction of medical knowledge. *Sociology of Health & Illness*, 10(2), 133–155. <http://doi.org/10.1111/j.1467-9566.1988.tb00002.x>
- Lupton, D. (2003). *Medicine as Culture: Illness, Disease and the Body in Western Societies*. London: Sage Publications. Retrieved from <https://books.google.co.uk/books?id=OYZTBcOwcGQC>
- Lupton, D., & McLean, J. (1998). Representing doctors: discourses and images in the Australian press. *Social Science & Medicine*, 46(8), 947–958. [http://doi.org/10.1016/S0277-9536\(97\)10013-2](http://doi.org/10.1016/S0277-9536(97)10013-2)
- March, L., Smith, E. U. R., Hoy, D. G., Cross, M. J., Sanchez-Riera, L., Blyth, F., ... Woolf, A. D. (2016). Burden of disability due to musculoskeletal (MSK) disorders. *Best Practice & Research Clinical Rheumatology*, 28(3), 353–366. <http://doi.org/10.1016/j.berh.2014.08.002>
- Martin, C. M., & Peterson, C. (2009). The social construction of chronicity - a key to understanding chronic care transformations. *Journal of Evaluation in Clinical Practice*, 15(3). <http://doi.org/10.1111/j.1365-2753.2008.01025.x>
- Mayer, B. (2012). “Relax and take a deep breath”: print media coverage of asthma and air pollution in the United States. *Social Science & Medicine*, 75(5), 892–900. <http://doi.org/10.1016/j.socscimed.2012.04.024>
- McDougall, J. (2012). *Media Studies: The Basics*. Oxon: Routledge. Retrieved from <http://books.google.com/books?id=Qfw9obCga14C&pgis=1>
- McEnhill, L., & Byrne, V. (2014). “Beat the cheat”: portrayals of disability benefit claimants in print media. *Journal of Poverty and Social Justice*, 22(2), 99–110.
- Men’s Health. (2012). Men’s Health Media Pack: Magazine, Promotions & Online. Men’s Health. Retrieved from http://assets.menshealth.co.uk/main/assets/Media_Pack/MH_MEDIA_PACK_V15_FINAL.pdf?mtime=1432746860
- Mercado-Martinez, F. J., Robles-Silva, L., Moreno-Leal, N., & Franco-Almazan, C. (2010). Inconsistent journalism: the coverage of chronic diseases in the Mexican press. *Journal of Health Communication*, 6(3), 235–247. <http://doi.org/10.1080/108107301752384424>
- Miller, D. (1998). *The circuit of mass communication: media strategies, representation and audience reception in the AIDS crisis*. London: Sage.
- Miller, D. (1999). Risk, science and policy: Definitional struggles, information management, the media and BSE. *Social Science and Medicine*, 49(9), 1239–1255. [http://doi.org/10.1016/S0277-9536\(99\)00163-X](http://doi.org/10.1016/S0277-9536(99)00163-X)

- Miller, D., & Williams, K. (1993). Negotiating HIV/AIDS information: Agendas, media strategies and the news. In J. Eldridge (Ed.), *Getting the message: news, truth and power*. Abingdon: Routledge, Taylor & Francis Group.
- Misener, L. (2012). A Media Frames Analysis of the Legacy Discourse for the 2010 Winter Paralympic Games. *Communication & Sport*, 1(4), 342–364. <http://doi.org/10.1177/2167479512469354>
- Mol, A. (1999). Ontological politics . A word and some questions. *The Sociological Review*, 47(1), 74–89.
- Mol, A. (2002). *The Body Multiple: Ontology in Medical Practice*. Durham: Duke University Press.
- Mol, A., & Law, J. (2004). Embodied action, enacted bodies: the example of hypoglycaemia. *Body & Society*, 10(2-3), 43–62. <http://doi.org/10.1177/1357034X04042932>
- Moorhead, S. A., Hazlett, D. E., Harrison, L., Carroll, J. K., Irwin, A., & Hoving, C. (2013). A new dimension of health care: systematic review of the uses, benefits, and limitations of social media for health communication. *Journal of Medical Internet Research*, 15(4), e85. <http://doi.org/10.2196/jmir.1933>
- Morden, A., Jinks, C., & Bie Nio Ong. (2011a). Lay models of self-management: how do people manage knee osteoarthritis in context? *Chronic Illness*, 7(3), 185–200. <http://doi.org/10.1177/1742395310391491>
- Morden, A., Jinks, C., & Bie Nio Ong. (2011b). Lay models of self-management: how do people manage knee osteoarthritis in context? *Chronic Illness*, 7(3), 185–200. <http://doi.org/10.1177/1742395310391491>
- Morden, A., Jinks, C., & Ong, B. N. (2015). Risk and self-managing chronic joint pain: looking beyond individual lifestyles and behaviour. *Sociology of Health & Illness*, 37(6), 888–903. <http://doi.org/10.1111/1467-9566.12248>
- Morris, R. L., Kennedy, A., & Sanders, C. (2015). Evolving “self”-management: exploring the role of social network typologies on individual long-term condition management. *Health Expectations*. <http://doi.org/10.1111/hex.12394>
- Murray, C. J. L., Vos, T., Lozano, R., Naghavi, M., Flaxman, A. D., Michaud, C., ... Lopez, A. D. (2012). Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990-2010: A systematic analysis for the Global Burden of Disease Study 2010. *The Lancet*, 380(9859), 2197–2223. [http://doi.org/10.1016/S0140-6736\(12\)61689-4](http://doi.org/10.1016/S0140-6736(12)61689-4)
- Nairn, R. G. (2007). Media portrayals of mental illness, or is it madness? A review. *Australian Psychologist*, 42(2). <http://doi.org/10.1080/00050060701280623>
- Nairn, R. G., & Coverdale, J. (2005). People never see us living well: an appraisal of the personal stories about mental illness in a prospective print media sample. *The Australian and New Zealand Journal of Psychiatry*, 39(4), 281–7. <http://doi.org/10.1111/j.1440-1614.2005.01566.x>
- National Readership Survey. (2013a). *NRS Print Readership Estimates - Daily Newspapers and Supplements July 2013-June 2013*. Retrieved from <http://www.nrs.co.uk/latest-results/nrs-print-results/newspapers-nrsprintresults/>

- National Readership Survey. (2013b). PADD General Magazines: October 2012 - September 2013. Retrieved from <http://www.nrs.co.uk/latest-results/nrs-print-results/general-magazines-nrsprintresults/>
- National Readership Survey. (2013c). PADD National Dailies July 2012-June 2013/comScore June 2013. Retrieved from http://www.nrs.co.uk/downloads/padd-files/pdf/padd-jul12_jun13-newspapers.pdf
- National Readership Survey. (2013d). PADD Women's Magazines: October 2012 - September 2013. Retrieved from <http://www.nrs.co.uk/latest-results/nrs-print-results/womens-magazines-nrsprintresults/>
- Nature. (2002). Media studies for scientists. *Nature*, 416(6880), 461. Retrieved from <http://dx.doi.org/10.1038/416461a>
- Nerlich, B., & Jaspal, R. (2013). UK media representations of Carbon Capture and Storage: Actors, frames and metaphors. *Metaphor and the Social World*, 3(1), 35–53. <http://doi.org/10.1075/msw.3.1.02ner>
- Nettleton, S. (2004). The Emergence of E-Scaped Medicine. *Sociology*, 38(4), 661–679. <http://doi.org/10.1177/0038038504045857>
- Nettleton, S., Burrows, R., & O'Malley, L. (2005). The mundane realities of the everyday lay use of the internet for health, and their consequences for media convergence. *Sociology of Health and Illness*, 27(7), 972–992. <http://doi.org/10.1111/j.1467-9566.2005.00466.x>
- Neuendorf, K. A. (2002). *The Content Analysis Guidebook*. London: Sage Publications. Retrieved from <http://www.sagepub.com/textbooks/Book9924>
- Newman, C. (2007). Reader Letters to Women's Health Magazines. *Feminist Media Studies*, 7(2), 155–170. <http://doi.org/10.1080/14680770701287027>
- Nexis. (2014). Nexis homepage. Retrieved October 10, 2014, from <https://www.lexisnexis.com/uk/nexis/>
- NICE. (2014). *Osteoarthritis. Care and Management in Adults. NICE Clinical Guideline CG177*. Retrieved from <http://guidance.nice.org.uk/cg177>
- Noar, S. M. (2006). A 10-year retrospective of research in health mass media campaigns: where do we go from here? *Journal of Health Communication*, 11(1), 21–42. <http://doi.org/10.1080/10810730500461059>
- Norval, E. (2011). *Research into Women's Magazines and the Social Construction of Womanhood*. (MA Dissertation). University of Leeds.
- Nour, K., Laforest, S., Gignac, M. A. M., & Gauvin, L. (2005). Appreciating the predicament of housebound older adults with arthritis: Portrait of a population. *Canadian Journal on Aging- Revue Canadienne Du Vieillissement*, 24(1). <http://doi.org/10.1353/cja.2005.0009>
- O'Connor, C., & Joffe, H. (2013). Media representations of early human development: protecting, feeding and loving the developing brain. *Social Science & Medicine*, 97, 297–306. <http://doi.org/10.1016/j.socscimed.2012.09.048>
- Oliver, M. (1981). A new model of the social work role in relation to disability. In J. Campling (Ed.),

- The handicapped person: A new perspective for social workers* (pp. 19–32). London: RADAR.
- Parales, C. J., & Dulcey-Ruiz, E. (2002). Social construction of the aging and old age: discursive analysis in newspapers. *Revista Latinoamericana De Psicologia*, 34(1-2).
- Peacock, M., Bissell, P., & Owen, J. (2014). Dependency denied: Health inequalities in the neo-liberal era. *Social Science & Medicine*, 118, 173–180. <http://doi.org/10.1016/j.socscimed.2014.08.006>
- Peat, G., Greig, J., Wood, L., Wilkie, R., Thomas, E., & Croft, P. (2005). Diagnostic discordance: we cannot agree when to call knee pain “osteoarthritis”. *Family Practice*, 22(1), 96–102. <http://doi.org/10.1093/fampra/cmh702>
- Peers, D. (2009). (Dis)empowering Paralympic histories: absent athletes and disabling discourses. *Disability & Society*, 24(5), 653–665. <http://doi.org/10.1080/09687590903011113>
- Petersen, A. (2001). Biofantasies: genetics and medicine in the print news media. *Social Science & Medicine*, 52(8), 1255–1268. [http://doi.org/10.1016/S0277-9536\(00\)00229-X](http://doi.org/10.1016/S0277-9536(00)00229-X)
- Philo, G. (1996). *Media and Mental Distress*. London: Longman.
- Philo, G. (2007). Can Discourse Analysis Successfully Explain the Content of Media and Journalistic Practice? *Journalism Studies*, 8(2), 175–196. <http://doi.org/10.1080/14616700601148804>
- Philo, G. (2008). ACTIVE AUDIENCES AND THE CONSTRUCTION OF PUBLIC KNOWLEDGE. *Journalism Studies*, 9(4), 535–544. <http://doi.org/10.1080/14616700802114217>
- Philo, G. (2013). *Message Received*. (G. Philo, Ed.). Oxon: Routledge.
- Pichert, J. W., & Hanson, S. L. (1983). Arthritis in the national TV news: 1971-1981. *The Journal of Rheumatology*, 10(2), 323–325.
- Pickard, S. (2012). A new political anatomy of the older body? An examination of approaches to illness in old age in primary care. *Ageing and Society*, 33(06), 964–987. <http://doi.org/10.1017/S0144686X12000293>
- Pisetsky, D. S., Trien, S. F., & Center, D. U. M. (1995). *The Duke University Medical Center Book of Arthritis*. New York: Fawcett Columbine.
- Pope, C., Ziebland, S., & Mays, N. (2000). Analysing qualitative data. *Qualitative Research In Health Care*, 320(January), 5–7.
- Porcheret, M., Grime, J., Main, C., & Dziedzic, K. (2013). Developing a model osteoarthritis consultation: a Delphi consensus exercise. *BMC Musculoskeletal Disorders*, 14(1), 25. <http://doi.org/10.1186/1471-2474-14-25>
- Porcheret, M., Healey, E., Dziedzic, K., Centre, C., Howells, N., Centre, A. O., & Birrell, F. (2011). *Osteoarthritis: a modern approach to diagnosis and management. Reports on the Rheumatic Diseases: Hands On (10)*.
- Pound, P., Gompertz, P., & Ebrahim, S. (1998). Illness in the context of older age :the case of stroke. *Sociology of Health & Illness*, 20(4), 489–506. <http://doi.org/10.1111/1467-9566.00112>
- Price, K. (2011). The crusade against out-relief: A nudge from history. *The Lancet*, 377(9770), 988–

989. [http://doi.org/10.1016/S0140-6736\(11\)60376-0](http://doi.org/10.1016/S0140-6736(11)60376-0)

Propp, V. (1968). *Morphology of the Folktale (Translated by Laurence Scott)*. (L. A. Wagner & A. Dundes, Eds.) (2nd ed.). Austin: University of Texas Press.

Purdue, D. E. J., & Howe, P. D. (2012). Empower, inspire, achieve: (dis)empowerment and the Paralympic Games. *Disability & Society*, 27(7), 903–916.
<http://doi.org/10.1080/09687599.2012.695576>

Radley, A. (1989). Style, discourse and constraint in adjustment to chronic illness. *Sociology of Health and Illness*, 11(3), 230–252. <http://doi.org/10.1111/1467-9566.ep11435222>

Ramsay, M. E., Yarwood, J., Lewis, D., Campbell, H., & White, J. M. (2002). Parental confidence in measles, mumps and rubella vaccine: Evidence from vaccine coverage and attitudinal surveys. *British Journal of General Practice*, 52(484), 912–916.

Ransohoff, D. F., & Ransohoff, R. M. (2001). Sensationalism in the media: when scientists and journalists may be complicit collaborators. *Effective Clinical Practice : ECP*, 4(4), 185–188.

Regan de Bere, S., & Petersen, A. (2006). Out of the dissecting room: news media portrayal of human anatomy teaching and research. *Social Science & Medicine*, 63(1), 76–88.
<http://doi.org/10.1016/j.socscimed.2005.12.011>

Reginster, J.-Y. (2002). The prevalence and burden of arthritis. *Rheumatology*, 41(90001), 3–6.
http://doi.org/10.1093/rheumatology/41.suppl_1.3

Reuben, D. B., & Tinetti, M. E. (2012). Goal-Oriented Patient Care — An Alternative Health Outcomes Paradigm. *The New England Journal of Medicine*, 777–779.
<http://doi.org/10.1056/NEJMp1415160>

Rosenfeld, D., & Faircloth, C. A. (2004). Embodied fluidity and the commitment to movement: Constructing the moral self through arthritis narratives. *Symbolic Interaction*, 27(4).
<http://doi.org/10.1525/si.2004.27.4.507>

Rowe, J. W., & Kahn, R. L. (1997). Successful Aging. *The Gerontologist*, 37(4), 433–440.

Rowsella, B., Norrison, P., Ryanb, K., & Weenik, M. (2000). Assessing and managing risk and uncertainty: Women living with breast implants. *Health, Risk & Society*, 2(2), 205–218.
<http://doi.org/10.1080/713670159>

Rozanova, J. (2010). Discourse of successful aging in The Globe & Mail: Insights from critical gerontology. *Journal of Aging Studies*, 24(4), 213–222.
<http://doi.org/10.1016/j.jaging.2010.05.001>

Saga Magazine. (2012). All you need to know about Saga Magazine and the over-50s... Saga Magazine. Retrieved from [https://www.saga.co.uk/saga/media/Content Editors Library/Saga Magazine/Media Pack/Media pack Feb 2012.pdf](https://www.saga.co.uk/saga/media/Content%20Editors%20Library/Saga%20Magazine/Media%20Pack/Media%20pack%20Feb%202012.pdf).

Sale, J. E. M., Gignac, M. A. M., & Hawker, G. (2006). How “bad” does the pain have to be? A qualitative study examining adherence to pain medication in older adults with osteoarthritis. *Arthritis Care and Research*, 55(2), 272–278. <http://doi.org/10.1002/art.21853>

Samaritans. (2013). *Media Guidelines for Reporting Suicide*. Retrieved from [http://www.samaritans.org/sites/default/files/kcfinder/files/press/Samaritans Media](http://www.samaritans.org/sites/default/files/kcfinder/files/press/Samaritans%20Media%20Guidelines%20for%20Reporting%20Suicide.pdf)

- Sandelowski, M. (2004). Using qualitative research. *Qualitative Health Research*, 14(10), 1366–1386.
- Sanders, C., Donovan, J. L., & Dieppe, P. A. (2002). The significance and consequences of having painful and disabled joints in older age: co-existing accounts of normal and disrupted biographies. *Sociology of Health & Illness*, 24(2), 227–253. <http://doi.org/10.1111/1467-9566.00292>
- Sanders, C., Donovan, J. L., & Dieppe, P. A. (2004). Unmet need for joint replacement: a qualitative investigation of barriers to treatment among individuals with severe pain and disability of the hip and knee. *Rheumatology*, 43(3), 353–357. <http://doi.org/10.1093/rheumatology/keh044>
- Sanders, C., & Rogers, A. (2011). Bodies in context: potential avenues of inquiry for the sociology of chronic illness and disability within a new policy era. In *Handbook of the Sociology of Health, Illness, and Healing* (pp. 483–504). Springer.
- Scheff, T. J. (1970). *Being Mentally Ill: A Sociological Theory*. Chicago: Aldine.
- Schneider, J. W., & Conrad, P. (1983). *Having epilepsy: the experience and control of illness*. Philadelphia: Temple University Press. Retrieved from <https://books.google.com/books?id=CC0-AQAIAAJ>
- Seale, C. (2001). Cancer in the News: Religious Themes in News Stories about People with Cancer. *Health*, 5(4), 425–440. <http://doi.org/10.1177/136345930100500402>
- Seale, C. (2002a). Cancer heroics: A study of news reports with particular reference to gender. *Sociology*, 36(1), 107–126. <http://doi.org/10.1177/0038038502036001006>
- Seale, C. (2002b). *Media & Health*. London: Sage Publications.
- Seale, C. (2003). Health and media: an overview. *Sociology of Health & Illness*, 25(6), 513–531. <http://doi.org/10.1111/1467-9566.t01-1-00356>
- Seale, C. (2004). Media constructions of dying alone: a form of “bad death.” *Social Science & Medicine*, 58(5), 967–974. <http://doi.org/10.1016/j.socscimed.2003.10.038>
- Seale, C. (2008). Mapping the field of medical sociology: a comparative analysis of journals. *Sociology of Health & Illness*, 30(5). <http://doi.org/10.1111/j.1467-9566.2008.01090.x>
- Seale, C. (2010). How the mass media report social statistics: a case study concerning research on end-of-life decisions. *Social Science and Medicine*, 71(5), 861–8. <http://doi.org/10.1016/j.socscimed.2010.05.048>
- Seale, C., Boden, S., Williams, S. J., Lowe, P., & Steinberg, D. L. (2007). Media constructions of sleep and sleep disorders: a study of UK national newspapers. *Social Science & Medicine*, 65(3), 418–30. <http://doi.org/10.1016/j.socscimed.2007.03.035>
- Seale, C., Ziebland, S., & Charteris-Black, J. (2006). Gender, cancer experience and internet use: A comparative keyword analysis of interviews and online cancer support groups. *Social Science & Medicine*, 62(10), 2577–2590. <http://doi.org/10.1016/j.socscimed.2005.11.016>

- Shakespeare, T. (2008). Debating disability. *Journal of Medical Ethics*, 34(1), 11–14.
<http://doi.org/10.1136/jme.2006.019992>
- Shepherd, E., & Seale, C. (2010). Eating disorders in the media: The changing nature of UK newspaper reports. *European Eating Disorders Review*, 18(6), 486–495.
<http://doi.org/10.1002/erv.1006>
- Siegel, R., Ma, J., Zou, Z., & Jemal, A. (2014). Cancer Statistics , 2014. *CA: A Cancer Journal for Clinicians*, 64(1), 9–29. <http://doi.org/10.3322/caac.21208>.
- Silva, C. F., & Howe, P. D. (2012). The (In)validity of Supercrip Representation of Paralympian Athletes. *Journal of Sport & Social Issues*, 36(2), 174–194.
<http://doi.org/10.1177/0193723511433865>
- Silverman, D. (2010). *Doing Qualitative research*. London: Sage Publications.
- Silverstone, R. (2002). Complicity and Collusion in the Mediation of Everyday Life. *New Literary History*, 33(4), 761–780.
- Silverwood, V., Blagojevic-Bucknall, M., Jinks, C., Jordan, J. L., Protheroe, J., & Jordan, K. P. (2015). Current evidence on risk factors for knee osteoarthritis in older adults: a systematic review and meta-analysis. *Osteoarthritis and Cartilage / OARS, Osteoarthritis Research Society*, 23(4), 507–15. <http://doi.org/10.1016/j.joca.2014.11.019>
- Sim, J., & Madden, S. (2008). Illness experience in fibromyalgia syndrome: A metasynthesis of qualitative studies. *Social Science & Medicine*, 67(1), 57–67.
<http://doi.org/10.1016/j.socscimed.2008.03.003>
- Smith, T. O., Purdy, R., Lister, S., Salter, C., Fleetcroft, R., & Conaghan, P. G. (2014). Attitudes of people with osteoarthritis towards their conservative management: A systematic review and meta-ethnography. *Rheumatology International*, 34(3), 299–313.
<http://doi.org/10.1007/s00296-013-2905-y>
- Smith-Young, J., Solberg, S., & Gaudine, A. (2014). Constant Negotiating: Managing Work-Related Musculoskeletal Disorders While Remaining at the Workplace. *Qualitative Health Research*, 24(2), 217–231. <http://doi.org/10.1177/1049732313519868>
- Sokolove, J., & Lopus, C. M. (2013). Role of inflammation in the pathogenesis of osteoarthritis: latest findings and interpretations. *Therapeutic Advances in Musculoskeletal Disease*, 5(2), 77–94. <http://doi.org/10.1177/1759720X12467868>
- Sontag, S. (1978). *Illness as Metaphor*. New York: Farrar, Straus and Giroux.
- Sontag, S. (1989). *AIDS and Its Metaphors*. New York: Farrar, Straus and Giroux.
- Stephenson, M. T., & Southwell, B. G. (2006). Sensation seeking, the activation model, and mass media health campaigns: Current findings and future directions for cancer communication. *Journal of Communication*, 56(SUPPL.), 38–56. <http://doi.org/10.1111/j.1460-2466.2006.00282.x>
- Stiker, H.-J. (1999). *A History of Disability*. Ann Arbor: University of Michigan Press.
- Stop the benefits scroungers, Day 2: Readers flood hotline | The Sun | Features. (n.d.). Retrieved October 16, 2014, from <http://www.thesun.co.uk/sol/homepage/features/3093818/Stop->

the-benefits-scroungers-Day-2-Readers-flood-hotline.html

- Strauss, A. L., & Glaser, B. G. (1975). CHRONIC ILLNESS AND THE QUALITY OF LIFE. *AJN The American Journal of Nursing*, 76(1), 82.
- Tanimura, C., Morimoto, M., Hiramatsu, K., & Hagino, H. (2011). Difficulties in the daily life of patients with osteoarthritis of the knee: scale development and descriptive study. *Journal of Clinical Nursing*, 20(5-6). <http://doi.org/10.1111/j.1365-2702.2010.03536.x>
- Teodoro, R., & Naaman, M. (2013). Fitter with Twitter : Understanding Personal Health and Fitness Activity in Social Media. In *7th International Conference on Weblogs and Social Media* (pp. 611–620).
- The Guardian and YouGov. (2013). *Changing Media Summit 2013 Report: Optimising Media in a Changing World*. Retrieved from http://cdn.yougov.com/cumulus_uploads/document/jrlh273vq2/YG-G-Changing-Media-Summit-Report-PARTI.pdf
- Thomas, E., Peat, G., & Croft, P. (2014). Defining and mapping the person with osteoarthritis for population studies and public health. *Rheumatology (United Kingdom)*, 53(2), 338–345. <http://doi.org/10.1093/rheumatology/ket346>
- Titchkosky, T. (2007). *Reading and Writing Disability Differently: The Textured Life of Embodiment*. Toronto: University of Toronto Press.
- Titscher, S., & Jenner, B. (2000). Two Approaches to Critical Discourse Analysis. In *Methods of Text and Discourse Analysis: In Search of Meaning* (pp. 144–170). London: SAGE Publications.
- Toolan, M. J. (1988). *Narrative: A Critical Linguistic Introduction*. London: Routledge.
- Tsfati, Y. (2010). Does audience skepticism of the media matter in agenda setting. *Journal of Broadcasting & Electronic Media*, 47(2), 157–176. <http://doi.org/10.1207/s15506878jobem4702>
- Tulloch, J. C., & Zinn, J. O. (2011). Risk, health and the media. *Health, Risk & Society*, 13(1), 1–16. <http://doi.org/10.1080/13698575.2010.543123>
- Turner, A., Barlow, J., Buszewicz, M., Atkinson, A., & Rait, G. (2007). Beliefs about the causes of osteoarthritis among primary care patients. *Arthritis Care & Research*, 57(2), 267–271. <http://doi.org/10.1002/art.22537>
- Twigg, J. (2012). Fashion and Age: The Role of Women’s Magazines in the Constitution of Aged Identities. In V. Ylanne (Ed.), *Representing Ageing: Images and Identities* (pp. 132–148). Basingstoke: Palgrave Macmillan.
- Uribe, R., & Gunter, B. (2009). Research Note: The tabloidisation of British tabloids. *European Journal of Communication*, 19(3), 387–402. <http://doi.org/10.1177/0267323104045265>
- Valentine, G., & Harris, C. (2014). Strivers vs skivers: Class prejudice and the demonisation of dependency in everyday life. *Geoforum*, 53, 84–92. <http://doi.org/10.1016/j.geoforum.2014.02.007>
- Van der Wardt, E. M., Taal, E., Rasker, J. J., & Wiegman, O. (1999). Media coverage of chronic diseases in the Netherlands. *Seminars in Arthritis and Rheumatism*, 28(5), 333–341.

[http://doi.org/10.1016/S0049-0172\(99\)80018-3](http://doi.org/10.1016/S0049-0172(99)80018-3)

- van Dijk, T. A. (1988). *News Analysis: Selective Exposure to Communication Perspectives on Media Effects*. New Jersey: Lawrence Erlbaum Associates, Publishers.
- van Dijk, T. A. (1993). Principles of Critical Discourse Analysis. *Discourse & Society*, 4(2), 249–283. <http://doi.org/10.1177/0957926593004002006>
- van Dijk, T. A. (2011). Introduction: The Study of Discourse. In T. A. van Dijk (Ed.), *Discourse Studies: A Multidisciplinary Introduction* (pp. 1–7). London: SAGE Publications.
- Van Gorp, B. (2007). The Constructionist Approach to Framing: Bringing Culture Back In. *Journal of Communication*, 57(1), 60–78. <http://doi.org/10.1111/j.1460-2466.2006.00329.x>
- Van Gorp, B., & Vercruysse, T. (2012). Frames and counter-frames giving meaning to dementia: a framing analysis of media content. *Social Science & Medicine*, 74(8), 1274–81. <http://doi.org/10.1016/j.socscimed.2011.12.045>
- Vardeman, J. E., & Aldoory, L. (2008). A qualitative study of how women make meaning of contradictory media messages about the risks of eating fish. *Health Communication*, 23(3), 282–291. <http://doi.org/10.1080/10410230802056396>
- Vassilev, I., Rogers, A., Sanders, C., Kennedy, A., Blickem, C., Protheroe, J., ... Morris, R. (2011). Social networks, social capital and chronic illness self-management: a realist review. *Chronic Illness*, 7(1), 60–86. <http://doi.org/10.1177/1742395310383338>
- Victor, C. R., Ross, F., & Axford, J. (2004). Capturing lay perspectives in a randomized control trial of a health promotion intervention for people with osteoarthritis of the knee. *Journal of Evaluation in Clinical Practice*, 10(1), 63–70. <http://doi.org/10.1111/j.1365-2753.2003.00395.x>
- Vittoria, A. K. (1999). “Our own little language”: Naming and the social construction of Alzheimer’s disease. *Symbolic Interaction*, 22(4). <http://doi.org/10.1525/si.1999.22.4.361>
- Wahl, O. (2003). Depictions of mental illnesses in children’s media. *Journal of Mental Health*, 12(3), 249–258. <http://doi.org/10.1080/0963823031000118230>
- Wainwright, D., Calnan, M., O’Neill, C., Winterbottom, A., & Watkins, C. (2006). When pain in the arm is “all in the head”: The management of medically unexplained suffering in primary care. *Health, Risk & Society*, 8(1), 71–88. <http://doi.org/10.1080/13698570500532512>
- Wakefield, M. a., Loken, B., & Hornik, R. C. (2010). Use of mass media campaigns to change health behaviour. *The Lancet*, 376(9748), 1261–1271. [http://doi.org/10.1016/S0140-6736\(10\)60809-4](http://doi.org/10.1016/S0140-6736(10)60809-4)
- Wallis, P., & Nerlich, B. (2005). Disease metaphors in new epidemics: the UK media framing of the 2003 SARS epidemic. *Social Science & Medicine*, 60(11), 2629–2639. <http://doi.org/10.1016/j.socscimed.2004.11.031>
- Walls, H. L., Peeters, A., Proietto, J., & McNeil, J. J. (2011). Public health campaigns and obesity - a critique. *BMC Public Health*, 11, 136. <http://doi.org/10.1186/1471-2458-11-136>
- Walsh, D. A. (2004). Angiogenesis in osteoarthritis and spondylosis: successful repair with undesirable outcomes. *Current Opinion in Rheumatology*, 16(5), 609–615.

- Wardt, E. M., Taal, E., & Rasker, J. J. (2000). The general public's knowledge and perceptions about rheumatic diseases. *Annals of the Rheumatic Diseases*, 59(1), 32–38.
<http://doi.org/10.1136/ard.59.1.32>
- Ware, N. C. (1992). Suffering and the Social Construction of Illness - the Delegitimation of Illness Experience in Chronic Fatigue Syndrome. *Medical Anthropology Quarterly*, 6(4).
<http://doi.org/10.1525/maq.1992.6.4.02a00030>
- Warner, M. (2015). *From The Beast To The Blonde: On Fairy Tales and Their Tellers*. New York: Random House.
- Washer, P. (2004). Representations of SARS in the British Newspapers. *Social Science & Medicine*, 59, 2651–2671.
- Washer, P. (2005). Representations of mad cow disease. *Social Science & Medicine*, (April), 1–36.
- Weber, M. (1978). *Economy and Society: An Outline of Interpretive Sociology*. (G. Roth & C. Wittich, Eds.). London: University of California Press.
- Wedgwood, N. (2014). Hahn versus Guttman: revisiting “Sports and the Political Movement of Disabled Persons.” *Disability & Society*, 29(1), 129–142.
<http://doi.org/10.1080/09687599.2013.776488>
- White, I. D., Faithfull, S., & Allan, H. (2013). The re-construction of women's sexual lives after pelvic radiotherapy: a critique of social constructionist and biomedical perspectives on the study of female sexuality after cancer treatment. *Social Science and Medicine*, 76(1), 188–96.
<http://doi.org/10.1016/j.socscimed.2012.10.025>
- Wiener, C. L. (1975). The burden of rheumatoid arthritis: tolerating the uncertainty. *Social Science & Medicine*, 9(2), 97–104.
- Wiggin, J. (2012). Telling stories of 21st century welfare: The UK Coalition government and the neo-liberal discourse of worklessness and dependency. *Critical Social Policy*, 32(3), 383–405.
<http://doi.org/10.1177/0261018312444413>
- Williams, C. C., & Collins, A. A. (2002). The social construction of disability in schizophrenia. *Qualitative Health Research*, 12(3). <http://doi.org/10.1177/104973202129119900>
- Williams, C., Kitzinger, J., & Henderson, L. (2003). Envisaging the embryo in stem cell research: rhetorical strategies and media reporting of the ethical debates. *Sociology of Health and Illness*, 25(7), 793–814. <http://doi.org/10.1046/j.1467-9566.2003.00370.x>
- Williams, G. (1984). The genesis of chronic illness: narrative re-construction. *Sociology of Health & Illness*, 6(2), 175–200. <http://doi.org/10.1111/1467-9566.ep10778250>
- Williams, G. (1987). Disablement and the social context of daily activity. *Disability & Rehabilitation*, 9(3), 97–102.
- Williams, S. J. (2000). Chronic illness as biographical disruption or biographical disruption as chronic illness? Reflections on a core concept. *Sociology of Health & Illness*, 22(1).
<http://doi.org/10.1111/1467-9566.00191>
- Williams, S. J. (2003). Bodily dys-order: Chronic illness as biographical disruption? In *Medicine and the Body* (pp. 95–111). London: SAGE Publications.

- Williams, S. J., Seale, C., Boden, S., Lowe, P., & Steinberg, D. L. (2008a). Medicalization and beyond: the social construction of insomnia and snoring in the news. *Health*, 12(2), 251–268. <http://doi.org/10.1177/1363459307086846>
- Williams, S. J., Seale, C., Boden, S., Lowe, P., & Steinberg, D. L. (2008b). Waking up to sleepiness: Modafinil, the media and the pharmaceuticalisation of everyday/night life. *Sociology of Health & Illness*, 30(6), 839–855. <http://doi.org/10.1111/j.1467-9566.2008.01084.x>
- Willis, E. (2013). The Making of Expert Patients: The Role of Online Health Communities in Arthritis Self-Management. *Journal of Health Psychology*, 19(12), 1613–1625. <http://doi.org/10.1177/1359105313496446>
- Willis, L. E., & Knobloch-Westerwick, S. (2013). Weighing Women Down: Messages on Weight Loss and Body Shaping in Editorial Content in Popular Women's Health and Fitness Magazines. *Health Communication*, 29(4), 323–331. <http://doi.org/10.1080/10410236.2012.755602>
- Wilson, A., Bonevski, B., Jones, A., & Henry, D. (2009). Media reporting of health interventions: signs of improvement, but major problems persist. *PloS One*, 4(3), e4831. <http://doi.org/10.1371/journal.pone.0004831>
- Wodak, R., & Krzyzanowski, M. (2008). *Qualitative Discourse Analysis in the Social Sciences*. London: Palgrave Macmillan. Retrieved from <http://books.google.com/books?id=VqOzmQEACAAJ&pgis=1>
- Wolfe, P. De. (2009). ME : The rise and fall of a media sensation. *Medical Sociology Online*, 4(1), 2–13.
- Wolfiger, N. H. (2002). On writing field notes: collection strategies and background expectancies. *Qualitative Research*, 2(1), 85–95.
- Woolf, A. D. (2015). Global burden of osteoarthritis and musculoskeletal diseases. *BMC Musculoskeletal Disorders*, 16(Suppl 1), S3. <http://doi.org/10.1186/1471-2474-16-S1-S3>
- Woolf, A. D., & Pfleger, B. (2003). Policy and Practice Burden of major musculoskeletal conditions. *Bulletin of the World Health Organisation*, 81(9), 646–656.
- Yavchitz, A., Boutron, I., Bafeta, A., Marroun, I., Charles, P., Mantz, J., & Ravaud, P. (2012). Misrepresentation of randomized controlled trials in press releases and news coverage: a cohort study. *PLoS Medicine*, 9(9), e1001308. <http://doi.org/10.1371/journal.pmed.1001308>
- Ylänne, V., Williams, A., & Wadleigh, . M. (2009). Ageing well ? Older people ' s health and well-being as portrayed in UK magazine advertisement s. *International Journal of Ageing and Later Life*, 4(2), 33–62.
- Zhou, Y. R. (2007). "If you get AIDS... you have to endure it alone": understanding the social constructions of HIV/AIDS in China. *Social Science and Medicine*, 65(2), 284–95. <http://doi.org/10.1016/j.socscimed.2007.03.031>
- Zimmerman, R. S., Palmgreen, P. M., Noar, S. M., Lustria, M. L. a, Lu, H.-Y., & Lee Horosewski, M. (2007). Effects of a televised two-city safer sex mass media campaign targeting high-sensation-seeking and impulsive-decision-making young adults. *Health Education & Behavior : The Official Publication of the Society for Public Health Education*, 34(5), 810–826. <http://doi.org/10.1177/1090198107299700>

Appendix One

Newspaper Search Strategy: Nexis Database

To create list of sources:

Click on 'Sources' tab, select 'Browse Sources' search by keyword or through categories to find required sources. Select sources by clicking on box, when all sources located, name selected sources, check box to save as 'favourite' and press 'OK-Continue'.

List of sources created and labelled 'Media Study':

- Daily Mail and Mail on Sunday
- Daily Record and Sunday Mail
- Daily Star
- Daily Star Sunday
- Daily Telegraph
- The Express
- The Guardian and The Observer (Sunday edition)
- The i
- The Independent
- The Mirror and The Sunday Mirror
- The Sun
- The Sunday Sun
- The Sunday Express
- The Sunday Telegraph
- The Sunday Times
- The Times

Media Search Process


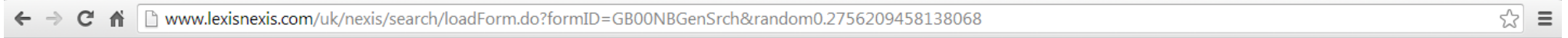
- Select 'Search' tab, select 'Power Search'
- Set the date range within the date section on Power search screen (one month per search, e.g. 1st Sept 2012-30th Sept 2012)
- Select saved list of sources entitled 'Media Study' in drop down box
- Select 'Group Duplicates' with similarity set to 'high'
- Enter one keyword (arthritis, osteoarthritis, wear tear or joint pain) and search
- On the results page, select the 'Next Steps' drop down box and 'Save Search'
- Click on each article in turn and make decision on whether to include it based on the inclusion/exclusion criteria.
- Mark any articles that are to be by ticking the inclusion box on the left of the article
- Check manually for duplicate articles and exclude duplicates according to below duplicate exclusion criteria
- Check the articles that Nexis identifies as duplicates (indicated by duplicate page sign next to article headline)
- Once all articles have been checked and included or excluded, download the included articles to a word file.
- Mark in the file the with keywords used and date range
- Tick the box 'each document on a new page'
- Download and save as word file within specified folder
- Repeat process for all key words in that month
- Copy the headlines from each article, using one keyword at a time into an excel spread sheet, save spreadsheet with keyword and date range used

- Colour the headlines according to each keyword (arthritis: red, osteoarthritis: blue, joint pain: green, wear tear: purple) to allow for easier deletion of duplicates
- Repeat for all keywords
- Order spreadsheet alphabetically to find articles that may be the same but found under different key words (e.g. arthritis and osteoarthritis appears in the same article).
- When duplicate headline found, check the articles to ensure that they are the same before deleting them, delete both headline from spreadsheet and article from word document.
- The remaining articles constitute the sample for the date range used.
- Upload articles into NVivo ensuring that each article is saved as a different source document.
- Sort articles according to month and newspaper and place in appropriate folders.

Duplicate exclusion criteria:

- Articles are excluded if they are the exactly same article (same newspaper, same day, same word length)
- If there are two articles that are similar, same story, same newspaper, same day, but different article length, the article with the longest word count will be selected.
- If the article is similar, in the same newspaper but published on different days, both articles will be included.
- If the article is similar, but in different newspapers, regardless of the day, both articles will be used.

Screenshot of Nexis Search Page

Nexis [Start Page](#) | [Project ID: None](#) | [My Delivery Docs](#) (0) | [Preferences](#) | [Sign Out](#) | [Contact Us](#) | [Help](#)
Helpdesk: + 44 (0)845 647 8888 | [Live Chat](#) | [Make this My Start Page](#)

Search Sources My Research
News **Power Search** Company Profiles Industry News Countries Biographies Cases All Search Forms

Power Search [Help](#)

My Research
[Saved Searches](#)

Links
[About LexisNexis](#)
[Lexis@Library](#)
[Customer Service](#)




[Show me how to...?](#)

Search terms ☒ Terms and Connectors ☐ Natural Language

arthritis **Search**

Use connectors to show relation of terms, e.g., election **and** opinion poll, car **or** vehicle, advertising **w/2** campaign [Search tips](#)


Add Index Terms:
[Company](#) | [Industry](#) | [Subject](#) | [Geography](#)

Sources 
[More sources](#) | [Edit this Source List](#)
 [View combined sources](#)
 [Show options to search specific document sections](#)

Duplicate Options [What's this?](#)

Specify date to **Search**

[Save this search](#) | [Clear form](#)

 [About LexisNexis](#) | [Terms & Conditions](#) | [Privacy & Cookies Policy \(Updated\)](#) | [My ID](#)
Copyright © 2013 LexisNexis. All rights reserved.

Screenshot of Nexis Results Page

Inbox - r.lowe@keele.ac.uk x University of Keele - Calen x Nexis®: Results x

www.lexisnexis.com/uk/nexis/search/homesubmitForm.do

Nexis®

Start Page | Project ID: None | My Delivery Docs (0) | Preferences | Sign Out | Contact Us | Help

Helpdesk: + 44 (0)845 647 8888 | Live Chat

Power Search - Media analysis papers > (arthritis) (182)

Search Sources My Research

Try our new results page (you can always switch back to our classic version)

Hide

Result Groups

View Multiple Groups ▶

All Results (182)

Publication Type

- Newspapers (182)
 - The Mirror and The Sunday Mirror (29)
 - The Express (28)
 - The Daily Telegraph (London) (27)
 - The Sun (20)
 - Daily Mail and Mail on Sunday (17)
 - The Times (London) (11)
 - Daily Record & Sunday Mail (10)
 - The Sunday Times (London) (9)
 - The Guardian (London) (5)
 - The Independent (London) (5)
 - The Sunday Express (5)
 - The Sunday Telegraph (London) (5)
 - The People (4)
 - Daily Star (3)
 - Independent on Sunday (2)
 - The Observer (1)
 - Sunday Sun (UK) (1)
- Publication Name
- Subject
- Industry
- Company
- Geography
- Language
- People

Help

Show Expanded List

Sort Newest to Oldest

1-100 of 133*

View Tagged Add to

Duplicate Options On - High similarity What's this? Create Alert

Select Language Disclaimer

Powered by Google Translate

Results

1. Dangerous diets of our fat cats and hefty hounds; Animal welfare group says there are now six million severely overweight cats and dogs in Britain. Jonathan Owen reports
The Independent on Sunday, September 30, 2012, NEWS; Pg. 6, 668 words, Jonathan Owen
... heart disease, diabetes, arthritis and early death - two ...
2. Gout, 'disease of kings', is on the way back; Obesity and heavy drinking blamed for increase in numbers of English sufferers
The Independent on Sunday, September 30, 2012, NEWS; Pg. 18, 484 words, Roger Dobson
... Gout is a type of arthritis caused by a ...
... ; TRENDS; ARTHRITIS; SUBSTANCE ABUSE ...
3. MSD warns of Cork layoffs
The Sunday Times (London), September 30, 2012 Sunday, BUSINESS; Pg. 1, 183 words, Gavin Daly
... makes drugs to treat arthritis and hepatitis C. MSD ...
4. Eat cherries to ease gout; FOOD 2
Daily Mirror, September 28, 2012 Friday, NEWS; Pg. 19, 89 words
... in US journal Arthritis & Rheumatism.
... ; ANALGESICS; ARTHRITIS; ANTI-INFLAMMATORY ...
1 similar document identified View list of similar documents
5. How chewing on cherries can give the pain of gout the boot
The Daily Telegraph (London), September 28, 2012 Friday, NEWS; Pg. 14, 177 words
Gout, a type of arthritis, affects one in ...
... published in the journal Arthritis & Rheumatism, also showed that combining ...
... FRUITS & VEGETABLES; ARTHRITIS; RESEARCH REPORTS ...
1 similar document identified View list of similar documents
6. people see me as a dancer - not as a dancer who can't see; Blind Phil on joy of tripping light fantastic
Daily Record & Sunday Mail, September 27, 2012 Thursday, NEWS; Pg. 30,31, 1041 words, Maggie Barry
... disease, a form of arthritis which can also affect the eyes. ...
7. WHY HAVING A SON PUTS A WOMAN IN A NEW FRAME OF MIND
DAILY MAIL (London), September 27, 2012 Thursday, 489 words, BY FIONA MACRAE SCIENCE CORRESPONDENT
... may also help with rheumatoid arthritis and the repair of damaged tissues. ...
... SYSTEM DISORDERS; ARTHRITIS
8. Busy Fokkens.; Hooker twins who claim to have bedded 355,000 men
Daily Mirror, September 27, 2012 Thursday, NEWS; Pg. 16, 361 words, RORY TEVLIN
... ago due to bad arthritis in her hips but ...
9. Does anyone know who I really am?; OVER 25 YEARS AGO,VICTORIA VARDY WAS FOUND ABANDONED D IN A DEPARTMENT STORE INSIDE A BAG, BUT

Appendix Two

PPI Involvement – Feedback to research user group (RUG)

PPI involvement

I met with some members of the Research Centre's Research User Group (RUG), a group of individuals with a variety of conditions who provide feedback and public involvement in research projects at the centre. The individuals in this group were selected as they have experience of arthritis. I met with them early on in the project whilst I was still developing the research proposal, and gained feedback on key areas of the research plan such as selection of key words, and recruitment of focus groups. The main area that the group contributed to was the refinement of the keywords used to search the media. Below is the feedback provided to the group following our meeting which details the ideas that the group proposed, and how I have incorporated them into the research.

Feedback from RUG meeting about osteoarthritis 26/03/13

Thank you for attending the meeting and being so enthusiastic about the research and willing to share your experience and opinions. The opinions and advice that you shared have helped me to shape my research and make sure that the research is the best that it can be.

Below I have written some feedback about what I have taken from our meeting and the ways that this will influence the research at this stage. As this research is a long process and I'm only just at the start of it, things may change as I go along, however I have kept a written record of the notes of the meeting (which Jane very kindly typed for me), and I will make sure that I have these as a reminder of what was said in the meeting further down the line. I will also feedback to you about the progress of the research and keep you up to date about what it going on. However in the meantime if you have any questions about the research please feel free to contact me.

Language around osteoarthritis:

From the meeting it seemed that language was an important part of how you and others perceive your condition and this something that I really hope to explore within the research. I understand that phrases such as “just arthritis” and expectations that you “need to get on with it” make it feel as though your condition may not be taken as seriously as you experience it. This is something that previous research into osteoarthritis has also found, and so part of my research will explore how the public and media talk about the condition, and find out whether these words and phrases are commonly used and why.

It also seemed to me that issues around disability and ageing were part of the experience of the condition. Some of you mentioned that people expect you to be older in order to have the condition, and they may be surprised if you aren’t old as they associate the condition with age. Some of you also mentioned that there is a stigma around the disability of the condition, with it being mentioned on signs as a disclaimer to activities. However it was also raised that some don’t expect the condition to be as disabling as other conditions or types of arthritis. I think that these links between age and disability would be interesting to explore within the research and find out whether the media and the public associate osteoarthritis with age or disability and why this may be.

Media Study

During the meeting I explained about the media part of my study. This will involve me searching inside the main national newspapers for words such as “arthritis” and “joint pain” in order to find out what articles have been written about osteoarthritis. During our talk some of you mentioned that you felt that osteoarthritis is not as high profile as other conditions, and that other types of arthritis (such as rheumatoid arthritis) have more public awareness and are discussed more often in the press. I found this interesting and so I hope to see whether osteoarthritis does have a high

profile in the press, with articles directly addressing the condition, or whether it is something that is addressed in articles through associations with ageing and other small, non-direct references to it.

I also wanted to thank you for your suggestions of key words that we will use to search in the media with. Following our discussion the key words that will be used are: “arthritis”, “osteoarthritis”, “joint pain”, “aches” and “wear and tear”. Using these words will hopefully make sure that we manage to collect all of the references to osteoarthritis in the newspapers which we are searching.

Focus Groups

Thank you for all of your help and discussion around how we could use focus groups in order to find out what people without the condition think about osteoarthritis. These groups will be held in the community with people aged 11-45 years who don’t have osteoarthritis in order to find out how the public see the condition.

You all gave me great ideas about how to talk about the condition with the group such as introducing the word “arthritis” and seeing what people thought that this was. Some of you felt that using this approach rather than asking people what they thought about “osteoarthritis” as more people are likely to have heard of the term “arthritis”. This is the approach that I am hoping to take in my research and this will hopefully generate some good discussion at the start of the focus groups. I have also thought about the suggestions that you gave for community groups that we could possibly use to recruit our focus groups from. I am not quite at this stage in the research just yet, however I will certainly think about using some of the groups that you suggested.

Although I really liked the idea that some of you had about using mixed groups of people with and without the condition, unfortunately I don’t think that this would work for this research as we want to find out what people naturally think without the direct influence of people who have

experience of the condition. Also we want to make sure that they would not feel intimidated to give their opinion as it's important to find out how members of the public think and talk about osteoarthritis in order to get a full picture about how it is perceived in society. However perhaps this approach is something that could be used in future research into ways of changing perceptions around osteoarthritis.

Contact details

Email: r.lowey@keele.ac.uk

Telephone: 01782 734889

Appendix Three

Manual sorting of thematic categories photograph



Appendix Four

Saga Magazine and Men's Health articles for discourse analysis

Saga Magazine articles - 'Glucosamine', 'OA and body clocks' and 'Arthritis myths busted'

Glucosamine

Glucosamine is a natural compound found in healthy cartilage. It's an amino-sugar or amino-monosaccharide, and everybody has some in their body.



There is not much glucosamine in a normal diet so supplements are recommended

We need glucosamine to keep making synovial fluid, which lubricates joints and keeps cartilage healthy. Ageing cuts down the amount of glucosamine our bodies can make.

Cartilage undergoes a constant process of breakdown and repair. Ideally glucosamine should be available to keep it healthy. If glucosamine levels fall too low, the cartilage in the weight-bearing joints (hips, knees, wrists) deteriorates. You suffer pain; movement is limited and joints may become deformed: this is osteoarthritis.

Where do you get it?

There isn't much glucosamine in the normal diet, so if you want to increase your intake, supplements are the only answer. They are mostly made from animal tissue, usually the shells of crab, lobster or shrimp. Some is made from fungal fermentation of corn.

When taken as a supplement almost 90% of glucosamine is absorbed from the gut. The liver rapidly breaks down any not used in the cartilage repair process.

Actions

It is used mainly to combat the symptoms of painful joints and osteoarthritis. The basis of glucosamine's action is that it provides more of the building blocks to repair cartilage. It keeps more moisture in, reduces inflammation, and may inhibit the enzymes involved in cartilage breakdown. Glucosamine can therefore prevent cartilage destruction.

Too little

Lack of glucosamine is a factor in developing osteoarthritis with associated pain and movement limitation.

Too much

Side effects may include intestinal gas and softened stools; high doses may cause nausea, diarrhoea, indigestion and heartburn. Taking glucosamine with meals seems to help overcome such problems.

No serious side effects have come to light despite the many studies done on glucosamine. However, there are several concerns that may or may not prove a problem. The first is possible allergic reactions because of its source being shellfish. If you are allergic to shellfish, you may wish to avoid it. But, the allergenic part of shellfish is usually the flesh and not the shell. Finding an alternative glucosamine source (plant-based or synthetic) would be the answer.

A second possible problem is if you have diabetes. Since glucosamine is a form of sugar (an amino-sugar related to glucose) it might affect blood sugar levels. Tests have not found any evidence that this is a practical concern. If you are concerned it may be necessary to do more frequent checks of your blood sugar levels while taking glucosamine. Talk to your doctor or health professional first.

One study has suggested glucosamine could make asthma symptoms worse but more research is needed to confirm this.

Supplement

The only way to increase the amount of glucosamine in your body is to take a suitable supplement.

A typical dose of glucosamine is 1,500mg per day taken as a single dose or split into two or three separate doses taken through the day.

Supplements come as tablets, capsules, soluble tablets and liquid. As a rule, liquid forms are absorbed more quickly than tablets or capsules and therefore will act more quickly.

There is currently no evidence to show that glucosamine can get through the skin, so avoid creams and ointments. Massaging a painful joint with oil is just as effective without the expense.

Average times for glucosamine to have its effect are at least three to four weeks and perhaps up to 12 weeks. One trial found almost 90% of patients reported some improvement after 12 weeks. Manufacturers of liquid forms claim these can be effective in as little as one or two weeks, four at most.

Supplements can be of glucosamine alone or in combination with chondroitin. [Chondroitin](#) works synergistically with glucosamine to improve damaged cartilage and improve the flow of fluid to add resilience to cartilage and improve joint flexibility. (Synergistically means they work together to give you additional benefits – better than each taken alone.)

Good quality supplements of glucosamine preparations tend to be expensive due to the costs of production. Get the best you can afford.

In some clinical trials, glucosamine has been found to be at least as effective as ibuprofen in reducing joint pain, without the side effects!

Research shows glucosamine helps reduce the pain in four out of five people suffering joint pain. Evidence continues to mount that glucosamine has a positive role in the management of osteoarthritis. It is safe and well tolerated.

Glucosamine products can also contain one or more of omega-3 fatty acids, manganese, aloe vera, vitamins C, A, and E, MSM (methyl-sulphonyl-methane) and various herbs, all of which are supposed to help improve joint pain.

OA and body clocks

By Siski Green , Thursday 13 June 2013

Breakthrough in understanding of osteoarthritis could lead to better treatments



Research has found that cartilage cells in your joints have a 'body clock'

If you've ever travelled abroad and lost a few hours of your day, you know how easy it is to upset your internal body clock.

Now researchers have found that cartilage cells in your joints also have a 'body clock' which switches genes on and off, which may be why osteoarthritis patients find the pain worse at certain times of day or night.

The researchers, from the Faculty of Life Sciences at the University of Manchester, UK, also investigated what kind of behaviours affect the cartilage cells' 'body clocks' and found that exercise, meals and warming/cooling of the joints were factors.

Looking at mice the researchers found that the 'body clock function' in older rodents was up to 50% weaker, therefore less effective, than in younger mice. This, they say, might help towards explaining why older people are more at risk of osteoarthritis.

To further investigate the role of the cartilage cells' body clocks, the researchers then artificially controlled the mice's natural body rhythm by mimicking changes of body temperature. They increased the temperature by two degrees every 12 hours and discovered that after just three occasions the cells' body clocks were working more efficiently. The benefits continued for five to seven days afterwards.

"By imposing a rhythm to boost the internal rhythm in cartilage, our data suggests the aged cartilage clock might be re-tuned," says Dr Qing-Jun Meng, study author.

"This could be done using systemic approaches such as scheduled exercise, restricted meal times or by targeting the joint itself with scheduled warming and cooling. We believe imposing a rhythm could have a significant impact on the future management of joint diseases and with further study it could relieve sufferers' symptoms."

The team behind the research have been awarded a grant that will now allow them to investigate what causes the cells' body clock disruption and how it relates to the severity of osteoarthritis symptoms. They also plan to look at ways in which medications could be used to reset the cells' body clocks, potentially providing relief to patients.

Arthritis myths busted

By Siski Green , Thursday 11 October 2012

Understanding of arthritis in general population is poor, says research



Many people still believe that cracking your knuckles makes you more prone to developing arthritis

No one likes to admit that they're ignorant about a certain topic but according to findings from medical research charity Arthritis Research UK, only one in four people say they have a poor understanding of what arthritis is. And yet, on further questioning, many of those who believe they do know about arthritis believe common myths.

Arthritis is seen as a disease that affects the elderly but few people know that more than 15,000 children also have it, as well as thousands of others under the age of 50. Your risk of developing the disease does increase with age, but with one in six people having some form of the disease, it's one of the most common long-term conditions in the UK.

In addition, people surveyed were unclear as to contributing factors for the disease, mistakenly believing that cracking your knuckles could make you prone to the disease, for example.

Worryingly, around 20% of people didn't realise that being overweight was one of the biggest risk factors for developing osteoarthritis, or that exercise could benefit those with pain from arthritis. Exercise is an effective way to alleviate pain and improve mobility.

Nearly half of those surveyed thought that arthritis simply meant a person would suffer a few 'aches and pains', not realising that arthritis covers a whole range of conditions that can cause issues ranging from mild pain to internal organ damage and a severely compromised immune system.

Perhaps one of the most important findings of the survey was that many people wrongly believe that arthritis can't be treated and so there is little point in trying to get the condition diagnosed early. Yet early diagnosis and treatment can be extremely beneficial in preventing further pain and relieving symptoms. Early diagnosis of rheumatoid arthritis, for example, can prevent irreparable damage to joints caused by inflammation.

When to see your doctor

Early signs of arthritis include joint pain and swelling, stiffness in a joint, grinding sensations in a joint (where a joint doesn't move smoothly and you can feel it when you place your hand on the joint). Some of these could be caused by an injury but, as injuries are also contributing factors to arthritis, it's still worth seeing your doctor, especially if the symptoms aren't going away or are getting worse.

Men's Health articles - 'Stay fit in your 50s', 'More reasons to hit the gym and 'Futureproof yourself'

Men'sHealth

Stay fit in your 50s

Follow our guide to stay in shape when you hit the big 5-0



50s

Your knees creak like loose floorboards and your back is up to all its old tricks plus a few new ones. Yet by exercising again now you can prevent falls in your metabolism, testosterone, growth hormone, muscle mass, flexibility and bone mass. You're not just stopping the clock on the ageing process, you're sticking it into reverse.

Oil your hinges

The average man begins to have trouble with his knees in his fifties. A lot of men take this as a signal to stop working out, which is the worst thing they could do. Exercise – particularly resistance training – is better than rest for osteoarthritis. For cardiovascular fitness, try aerobic activities that give your knees a rest - cycling, rowing, and swimming all fit the bill.

The split squat is one exercise that can help arthritis by strengthening all your lower body muscles and improving flexibility. Stand with your left foot about three feet in front of your right. Lower your body until your left knee is bent 90 degrees and your left thigh is parallel to the floor. Your right knee should almost touch the floor behind you. Now push back up to the original position, keeping your back straight and upright. Do 10 to 15 reps, the repeat with your right foot forward. When that's easy, add weights – you can either hold a dumb-bell at your hips, or a bar-bell across your shoulders. Work up to three sets once or twice a week.

Set a record

Another way to raise testosterone is to feel like a winner. You can start supporting Australian teams and take your victories by proxy. Or you can actually accomplish something.

Here's something you can set a record in today; strict curls. This is a bar-bell biceps curl performed while you lean your back and arms against a wall. The beauty of it is that almost nobody knows how much weight they can curl once, so whatever you lift today is a personal record.

Try this: pick a weight that you think is the most you can curl – 50kg say. Warm up by doing 8 reps with 25g, 4 with 35g, 2 with 40, and then one with 50. A week later, add 2.5kg to each of your sets, and do it again. Keep going for four to six weeks or until you stop breaking your own record each week.

Eat breakfast

Researchers at the Oklahoma State University found that 40% of older men failed to take in the recommended daily amount of folic acid, a vitamin that helps prevent heart disease. The reason? They weren't eating breakfast. Most cereals are fortified with folic acid. Make sure the cereal you choose is also fortified with B12, a vitamin that helps the body absorb folic acid, says Ward. While you're at it, make sure the cereal is high in fibre, and low in sugar too. All-Bran and Branflakes both measure up.

Find this article at:

<http://www.menshealth.co.uk/fitness/sports-training/stay-fit-in-your-50s-99818>

Men'sHealth

More reasons to hit the gym

Lifting weights does a lot more for you than simply build muscles



Bone workout

According to researchers at the University of Sydney, Australia, pumping iron can help treat patients with osteoarthritis. Researchers analysed the effects of weight training on patients with osteoarthritis of the knee, and the results show a significant effect on wellbeing. It is estimated that eight million people in the UK have some degree of osteoarthritis. The research team concluded that working out in the gym boosts the strength of muscles in the leg, which helps compensate for the destruction of the knee joint. But don't draw the line at them bones, there are even more reasons why you shouldn't miss a weight session.

You'll remember more

Researchers from The Mayo Clinic, USA found that a 15-minute exercise session a few times each week reduces your risk of dementia. The benefit was greatest to those participants who hadn't exercised before. So, if you're reluctant to exercise, remember that it won't take a great amount of time commitment to reap the rewards.

You'll have better erections

A workout or a brisk two-mile walk can reduce men's risk of impotence, so says Dr Irwin Goldstein, Urologist at the Boston University School of Medicine. His nine-year study of 600 men, found that those who kept exercising or took up exercising at middle age reduced their risk of impotence.

You'll be happier

If the bonus of a life-long erection wasn't reason enough to be happy then another reason why you should work out is to beat the winter blues. "Exercise, at least when performed in a group setting, seems to be as

effective as standard antidepressant medications in reducing symptoms in patients with major depression," claims James Blumenthal, a professor of medical psychology at Duke University, North Carolina, USA. Also, studies from the University of Texas South-western Medical Center, Dallas, found that a 30-minute aerobic workout done three to five times a week can cut depressive symptoms by 50 per cent in young adults.

You'll sleep a lot better

Struggling to fall asleep? Try boosting your physical activity during the day. Researchers at Stanford University School of Medicine studied the effects of exercise on the sleep patterns of adults troubled by insomnia. Adults were asked to exercise for twenty to thirty minutes every other day in the afternoon by walking, engaging in low-impact aerobics, and riding a stationary bicycle. The result? The time required to fall asleep was reduced by half, and sleep time increased by almost one hour.

You'll keep colds and flu at bay

"Moderate exercise increases the recirculation of important immune cells – especially from bone marrow, the lungs and the spleen," says David Nieman, director of the Human Performance Laboratory at Appalachian State University, North Carolina, USA. "It has the effect of cleaning up the body." But to achieve such beneficial effects, someone has to exercise about five times a week, Nieman adds.

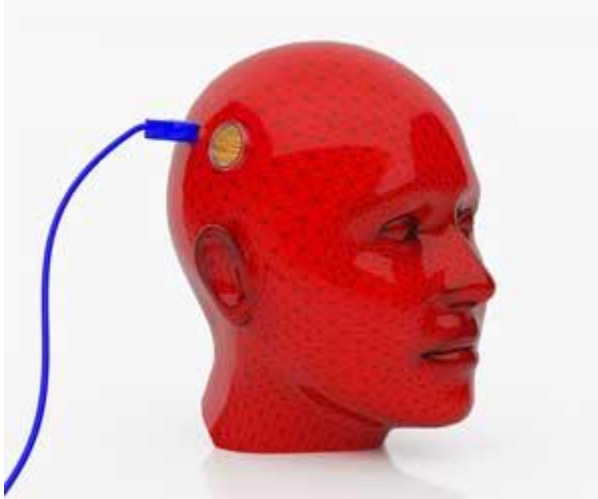
Find this article at:

<http://www.menshealth.co.uk/fitness/sports-training/more-reasons-to-hit-the-gym-243836>

Men'sHealth

Futureproof yourself

Take pre-emptive steps now to ensure your body's fighting fit



Prostate cancer

The future: The most common cancer in men over 75. As the gland swells, side effects include incontinence and erectile dysfunction.

Fight it now: Take matters in hand. The Australian Cancer Council found ejaculating more than five times a week in your 20s and 30s cuts your risk of prostate cancer by a third. The report found masturbation more effective than sex, so schedule some regular 'you time'.

Arthritis

The future: The Arthritis Research Campaign (www.arc.com) say the gnarled finger of osteoarthritis will poke one in five of us by 65.

Fight it now: Build swimming into your weekly routine: it strengthens joints but at 12-times less cartilage damaging impact on your joints. And if ever in doubt, always see the physio. "Lots of men put up with partially torn ligaments and don't understand the need to regain full muscle strength," says the ARC's Dr Philip Conaghan. "Festering injuries are the quickest ticket to old age pain."

Sciatica

The future: Lower back pain affects 70% of over 55s. Build core strength now to ensure you're in the lucky 30%.

Fight it now: Focus on your piriformis muscle, responsible for hip rotation and the most common cause of sciatica when tight. Keep it loose with regular stretches: lie on your back with bent knees; lift your right ankle over your left knee and pull into your chest. Your geriatric self will thank you.

Incontinence

The future: Adult nappies are nobody's idea of fun, especially not when you know that in the UK, 24 per cent of people over 60 experience some degree of bladder weakness (www.bladder-control.co.uk)
Fight it now: Kegel exercises are about more than prolonging sex. Greater muscular control now can halt leakage later. Squeeze your pelvic muscles as if you're stopping the flow of urine in reps of 10, three times a day. And enjoy the sexual side-effects while you still can...

Hearing loss

The future: Presbycusis (old-age deafness) happens when your sensitive inner-ear hairs stop sending messages to your brain. Over 70% of us have this to look forward to in our 70s.

Fight it now: "A high antioxidant diet can have a protective effect on long-term hearing," says Melanie Ferguson of the Institute of Hearing Research. So eat seedy fruits like pomegranates. Much better for your ears than seedy nightclubs.

Lung cancer

The future: Lung cancer stubs out more men than the four next biggest cancers combined, according to Cancer Research UK (www.cancerresearchuk.org).

Fight it now: The Royal Society of Chemistry (www.rsc.org) say boosting selenium levels can cut your risk of lung cancer by 60%. Keep selenium-rich brazil nuts in your desk drawer, or pack a tuna sandwich. Regular swimming can also double lung capacity over time: breathe on both sides during front crawl, building up to five strokes between breaths.

Find this article at:

<http://www.menshealth.co.uk/healthy/symptoms-treatment/futureproof-yourself-204840>

Appendix Five

Imagery Analysis Framework

Below I describe some of the questions and aspects of images I considered when analysing the magazine images. These questions are based on the areas of imagery analysis suggested by Hansen and Machin (2013), drawing on Barthes' (1977) 'Rhetoric of the Image'.

Level 1: Denotation

Description of image, what is denoted?

Level 2: Connotation

Pose

What extent is the space taken up?

Body open or closed?

Is body aligned and controlled, or liberated and free?

Emphasis on relaxation or intensity?

Sense of comfort or discomfort?

Is angularity or curvature emphasised?

Lean forward or away from viewer?

Gaze

What does the gaze of photograph subject offer/demand?

-Offer information

-Offer services and goods

-Demand information

-Demand goods and services

Are we simply viewers or participants?

Where are they looking? What does this mean for the picture?

Objects

What is being shown and how?

Commutation test – If something in the image was replaced/removed/changed, what effect would this have?

Is the object the focus?

Settings

Colour

Background

Feeling, emotion

Salience

Foregrounding, Overlapping, Size, Colour, Tone, Focus

Position of viewer

Vertical angle, Horizontal, Oblique, Distance or proximity

Analysing participants

Individuals and groups

Categorisation

Non-representation

What is happening/action

Types of action: material, behavioural, mental, verbal, relational, existential

Modality

Digital manipulation? Looking for increased or decreased reality?

Background detail:

Highlighted, focus, blurred etc.

Lighting and shadow

Colour quality and range (palette)

Appendix Six

Focus Group Topic Guide

Introduction

Thank participants for coming, explanation of research; confidentiality and withdrawal.
Opportunity for questions about the research.

Ice breaker

Everybody introduce themselves and take part in ice breaker activity e.g. “complete the sentence...”

Initial Discussion

Areas for discussion to include:

- What they know/think/believe about osteoarthritis
- Discussion about common beliefs and perceptions about osteoarthritis
- Where do they get information about condition from

1st Media Article

Introduce media article that features osteoarthritis

Discussion

- What do people think about the article
- Do they agree/disagree
- Have they read similar articles to this one

2nd Media Article

Introduce a different media article that features osteoarthritis

Discussion

- What do people think about the article
- Do they agree/disagree
- Have they read similar articles to this one
- Comparison to 1st article

Final comments

Ask if anyone has anything further to add/discuss

Thank participants again; explain research and confidentiality and what will happen to the data.
Provide further debrief if necessary and be available for further questions/one to one discussions.

Appendix Seven

Focus group stimulus newspaper articles

Daily Record & Sunday Mail

September 1, 2012 Saturday

Edition 1;

National Edition

Shamed teacher's £2k con

A SHAMED music teacher who married a former pupil was yesterday found guilty of scamming thousands of pounds in disability allowance.

John Forrester - who had been working for the Department of Work and Pensions in Aberdeen after losing his teaching job over his relationship with 16-year-old Claire Bennett - claimed he was in agony from osteoarthritis.

He obtained more than £2500 towards a mobility car after saying he could barely walk.

But his DWP colleagues mounted an operation to catch him out - and filmed him walking easily and at times breaking into a run.

The former Kincorth Academy head of music denied fraud but was convicted by Stonehaven sheriff Valerie Johnston.

He lost his DWP job because of the offence and he and Claire, who have two children and married in 2010, have now separated.

The Sun

August 28, 2013 Wednesday

Edition 1;

National Edition

Broccoli 'fights off arthritis'

BROCCOLI could help ward off arthritis, researchers say.

The vegetable contains a compound called sulforaphane that can slow the destruction of cartilage in joints.

Prof Ian Clark, of the University of East Anglia in Norwich, said: "As well as treating those who already have the condition, you need to be able to tell healthy people how to protect their joints into the future.

"You cannot give healthy people drugs unnecessarily, so this is where diet could be a safe alternative."

He said they had carried out tests on mice and added: "We now want to show this works in humans."

Alan Silman, of Arthritis Research UK, said: "If these findings can be replicated, it would be quite a breakthrough."

Osteoarthritis, the most common form of the disease, affects 8.5 million Brits and costs the NHS £5.2billion a year.

i-Independent Print Ltd

November 17, 2012

First Edition

It's official! Britons are now the 'fattest' in western Europe; OBESITY

Britain is the fattest nation in Western Europe with more than a quarter of the population ranked as obese, according to the Organisation for Economic Co-operation and Development (OECD).

Obesity rates are rising rapidly across Europe but the rate in Britain at 26.1 per cent is more than twice that in France at 12.9 per cent.

Only Hungary in Eastern Europe outranks Britain with an obesity rate of 28.5 per cent.

More than half of Europeans are overweight or obese according to the report on health across the 27-nation OECD.

Obesity is more prevalent in women than men in most countries - but in Norway, Iceland and Malta fat men outnumber fat women. It is worse among the poorer and less well-educated. Diabetes, hypertension, heart disease, asthma, arthritis and some forms of cancer are increased by obesity.

Many countries have stepped up efforts to tackle obesity in recent years. There has been a focus on taxes on foods high in fat and sugar and several countries including Denmark, France, Finland and Hungary have passed legislation aimed at changing eating habits.

While obesity is rising, smoking and alcohol consumption are falling. Even so, the EU has the highest alcohol consumption in the world at 10.7 litres of pure alcohol per adult.

Health spending fell across the EU in 2010 for the first time in a decade. Countries worst hit by the economic crisis, such as Ireland saw the biggest falls. But Britain had the biggest rise in health spending.

Appendix Eight

Letter and information sheet for participants and confirmation of ethical approval

Understanding People's Views about Joint Pain

Hello,

I am a researcher at Keele University and I am conducting research to understand what people think about joint pain. As part of this research I will be conducting focus groups (or group discussions) with a number of community groups and I am inviting you to take part in these.

You have received this letter as your community group *[insert group name]* has kindly agreed to help us with the research. Discussions will take place at the end of your usual meeting. They will last approximately 30 minutes, and will be audio recorded. Two researchers will run the session. Your participation in this research is entirely voluntary, if you do not wish to take part then you do not have to, you can simply attend your group meeting as usual and leave when it has finished.

We want to gain an insight into what people think about joint pain and conditions like osteoarthritis. You do not need any knowledge or experience of having joint pain; we are simply interested in what you think. There are no right or wrong answers as we are interested in your views.

The research will take place at the end of your meeting on *[ENTER DATES HERE]*. If you have any queries regarding this research please do not hesitate to contact me; **Rebecca Lowey Email: r.lowey@keele.ac.uk, Tel. 01782 734889**. Alternatively, you may contact my supervisor **Clare Jinks on 01782 734831** or by email **c.jinks@keele.ac.uk**.

If you are unhappy with the research and/or wish to raise a complaint about any aspect of the way that you have been approached or treated during the course of the study please write to Nicola Leighton who is the University's contact for complaints regarding research at the following address:-

Nicola Leighton
Research Governance Officer
Research & Enterprise Services
Dorothy Hodgkin Building
Keele University
ST5 5BG
E-mail: n.leighton@keele.ac.uk
Tel: 01782 733306

Yours sincerely,

Rebecca Lowey
Doctoral Research Student

Version No: v2.0

Date: 16.12.13

Rec No:



(Participant information sheet)

Information Sheet

Study Title: Understanding People's Views about Joint Pain

Aims of the Research

This research aims to explore what people think about joint pain and conditions like arthritis, where these views have come from, and how and why they have formed. By studying this we hope that a better understanding of joint pain and osteoarthritis will be developed and communication between healthcare professionals and members of the public will be improved.

Invitation

You are being invited to consider taking part in the research study called "Understanding People's Views about Joint Pain". This project is being undertaken by Rebecca Lowey who is a Doctoral Research Student from Keele University.

Before you decide whether or not you wish to take part, it is important for you to understand why this research is being done and what it will involve. Please take time to read this information carefully and discuss it with friends and relatives if you wish. Ask us if there is anything that is unclear or if you would like more information.

Why have I been chosen?

The people who have been invited to take part in this study are members of the general public. You do not need to have any knowledge or experience of joint pain or osteoarthritis; we are simply interested in your views. We are inviting members of social clubs or community groups in the local area to take part. Your group leader *[insert group name]* has agreed for us to contact you about the research.

Do I have to take part?

You are free to decide whether you wish to take part or not. If you do decide to take part you will be asked to sign a consent form. You are free to withdraw from this study at any time and without giving reasons.

What will happen if I take part?

If you choose to take part in this research you will be asked to participate in a focus group (or group discussion) along with about five other people. The discussion will be audio recorded.

If I take part, what do I have to do?

If you take part in a group discussion this will consist of a small group of people talking about the topic. The researchers will ask some questions, but people are also free to ask questions of each other. A focus group (or group discussion) is a useful way of exploring a topic in a group situation and means that people can explore ideas that they may never have thought of individually.

What are the risks (if any) of taking part?

Whilst this research does not appear particularly sensitive, it is understood that some participants may have strong feelings in relation to the topic, and that discussing them in a focus group may cause them to feel upset or distressed. The use of focus groups within this research also means that there is a chance that participants may discuss the content of the group discussion outside of the group, although they will be asked not to. Due to these factors it is important that you are aware that you do not have to take part in this research, if you do choose to take part you do not have to discuss anything that you don't want to and you are free to withdraw from the research at any time.

How will information about me be used?

The data that is collected will be typed up and kept on a password protected computer file. All personal data will be confidential, with only members of the research team having access to it. We will produce reports and publish the findings of the data, but you will not be identified personally.

Who will have access to information about me?

Once the data is typed up, researchers within the team will have access to it. The data will be anonymised and all identifiable features will be changed to ensure anonymity is maintained.

Due to the nature of focus groups there is a chance that participants of the focus groups may speak about the content of the discussion to others outside of the group, although they will be asked not to. Therefore it is recommended that you do not talk about anything within the focus group that you do not feel completely comfortable with sharing in a group situation.

We will follow guidelines on good practice in research and store the data from this study for 20 years, after which it will be securely disposed of. In our research centre we keep data for this length of time to allow for possible follow-up or reanalysis in the future when new ideas for research come to light, and to help with future audit of our research. The anonymised data from this study may therefore be accessed by other researchers working at (or with) the AR UK Primary

Care Centre in the future. This will be done in line with robust procedures about access and storage of data.

Who is funding and organising the research?

This research has been funded and organised by the Primary Care and Health Sciences Research Institute at Keele University.

What if there is a problem?

If you have a concern about any aspect of this study, you may wish to speak to the researcher who will do their best to answer your questions. **You should contact Rebecca Lowey on 01782 734889 or by email r.lowey@keele.ac.uk or Clare Jinks on 01782 734831 (email c.jinks@keele.ac.uk).**

If you remain unhappy about the research and/or wish to raise a complaint about any aspect of the way that you have been approached or treated during the course of the study please write to Nicola Leighton who is the University's contact for complaints regarding research at the following address:-

Nicola Leighton

Research Governance Officer

Research & Enterprise Services

Dorothy Hodgkin Building

Keele University

ST5 5BG

E-mail: n.leighton@keele.ac.uk

Tel: 01782 733306

Appendix Nine

Table showing number of newspaper articles (1st Sept 2012-31st Aug 2013) returned from search according to keyword and month

	Arthritis			Osteoarthritis			Joint Pain			Wear/Tear			Overall
Month/ year	Total from search	Duplicates removed	Articles to be sorted	Total from search	Duplicates removed	Articles to be sorted	Total from search	Duplicates removed	Articles to be sorted	Total from search	Duplicates removed	Articles to be sorted	Number of articles to be sorted
Sept 2012	178	47	131	17	3	14	9	1	8	61	10	51	204
Oct 2012	123	34	89	23	6	17	24	10	14	85	27	58	178
Nov 2012	174	44	130	22	3	19	9	1	8	54	10	44	201
Dec 2012	155	47	108	6	2	4	10	1	9	77	20	57	178
Jan 2013	149	26	123	20	2	18	11	2	9	77	25	52	202
Feb 2013	123	27	96	31	7	24	21	6	15	52	17	35	170
Mar 2013	171	46	125	27	2	25	8	3	5	75	15	60	215
Apr 2013	161	37	124	23	3	20	13	4	9	74	15	59	212
May 2013	191	44	147	28	5	23	28	11	17	86	18	68	255
June 2013	182	50	132	23	6	17	28	11	17	87	17	70	236
July 2013	134	37	97	16	4	12	15	2	13	82	13	69	191
Aug 2013	210	53	157	47	13	34	16	6	10	73	17	56	257
												Total	2499

Appendix Ten

**Table showing number of articles excluded and included from
search according to month**

Month/year	Number of articles to be sorted	Number of articles excluded (according to criteria detailed in Chapter Two, Section 2.6.1.5)	Number of articles included
Sept 2012	204	125	79
Oct 2012	178	128	50
Nov 2012	201	123	78
Dec 2012	178	113	65
Jan 2013	202	116	86
Feb 2013	170	87	83
Mar 2013	215	134	81
Apr 2013	212	118	94
May 2013	255	151	104
June 2013	236	135	101
July 2013	191	111	80
Aug 2013	257	144	113
Final Totals	2499	1485	1014

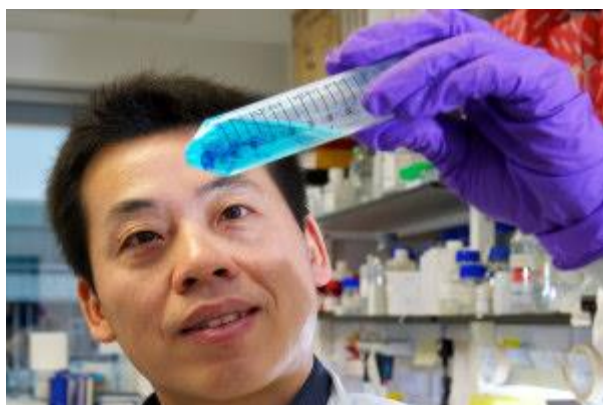
Appendix Eleven

Press releases for 'OA and body clocks' and 'Arthritis myths busted' articles from Saga Magazine

New research links body clocks to osteoarthritis

12 Jun 2013

Scheduled exercise, regular meals and the periodic warming and cooling of joints could be used to relieve the symptoms of osteoarthritis according to scientists at The University of Manchester. Their research may also help explain why older people are more prone to developing this common joint disorder.



Dr Qing-Jun Meng

The team in the Faculty of Life Sciences has established for the first time that cartilage cells have a functioning body clock that switches on and off genes controlling tissue function. The rhythm of the cartilage clock perhaps goes some way to explain why osteoarthritis sufferers find the symptoms of the disease worse at certain times of the day.

When Dr Qing-Jun Meng and his team studied cartilage tissue in older mice they found that the tissue's body clock was 40% weaker than in younger mice. This suggested that clock deterioration could contribute to an increased risk of developing osteoarthritis in later life. The researchers then looked at cartilage cells affected by damage similar to osteoarthritis and found that components of the body clock are altered during the early stages of the disease.

Following these discoveries the researchers tested what would happen to cartilage tissue in mice and human cartilage cells if they imposed an artificial rhythm mimicking daily changes of body temperature. By raising the temperature by two degrees at 12 hour intervals they found that after three applications the body clock in the cells had been reset and was working in a more robust state. This change lasted for between five and seven days even after the temperature cycles were removed. Further study may show the change continues for longer.

Dr Meng says: "By imposing a rhythm to boost the internal rhythm in cartilage, our data suggests the aged cartilage clock might be re-tuned. This could be done using systemic approaches such as scheduled exercise, restricted meal times or by targeting the joint itself with scheduled warming and cooling. We believe imposing a rhythm could have a significant impact on the future management of joint diseases and with further study it could relieve sufferers' symptoms."

This ground breaking research also suggests that taking drug treatments for joint diseases according to the cartilage clock time could increase their effectiveness, which would allow a lower dosage and consequently reduce side effects.

Dr Meng, a Medical Research Council (MRC) Fellow, has been studying body clocks for a number of years: "Mounting evidence suggests that disruption to body clocks by changes like shift work or jet lag contribute to a number of conditions such as obesity, cardiovascular diseases, cancer and mood disorders. Our next step is to test our theory that body clock disruption also contributes to osteoarthritis."

The research has been published in the journal *Arthritis and Rheumatism*. Osteoarthritis is the most common joint disorder, affecting around 6 million people in the UK. However, the mechanisms behind the disease are poorly understood and treatment options are limited.

Professor Ray Boot-Handford from the Wellcome Trust Centre for Cell Matrix Research, which is based at the university, has been studying cartilage and osteoarthritis for more than 20 years. He worked with Dr Meng on this research and says: "Osteoarthritis is a complex disease caused by multiple factors, although it's well known that one of the major risk factors is aging. Our findings that the cartilage cells show circadian rhythm and that this rhythm is weakened with age is exciting and may help explain how osteoarthritis develops as we get older. Future research will directly examine the link between cartilage clock changes and osteoarthritis and highlight potential new avenues for treating this disease."

One of the key aspects of this research was the identification of the rhythmic genes that are expressed in cartilage tissue. The scientists found that 615 genes, or 4% of the genes in cartilage, were time-dependently expressed with peaks every 24 hours. They also found that many of the genes have previously been linked to osteoarthritis.

Nicole Gossan worked on the study as part of her PhD. She says: "This research has been incredible to work on. It is the first to show a functioning clock in mouse and human cartilage cells and identify its genome-wide targets. Disruption of these targets during ageing could seriously impact joint health and we are the first to establish a link between clock disruption and osteoarthritis."

Dr Meng and his team have now been awarded an MRC grant of half a million pounds to establish the causal relationship between clock disruptions and the onset and severity of osteoarthritis as well as identifying novel therapeutic targets. This will include the targeting of clocks by imposing an artificial rhythm as well as the timed delivery of drugs. It's hoped the research will ultimately lead to better treatments for osteoarthritis.

Charity survey reveals poor public understanding of arthritis in Great Britain

Published on 08 October 2012



A national survey commissioned by the medical research charity Arthritis Research UK has revealed that nearly a quarter (22 per cent) of the population of Great Britain admit they have a poor understanding of arthritis, the biggest cause of pain and disability in the UK.

Of the 78 per cent who think they have a good or average understanding of arthritis, many actually believe common arthritis myths.

10 million people in the UK, including over 15,000 children, are affected by arthritis and musculoskeletal conditions, yet over two thirds (68 per cent) of the public are unaware that children under the age of ten can be affected.

The National Arthritis Week survey also revealed that while 78 per cent of people in Great Britain consider arthritis a serious condition, nearly half (45 per cent) believe that arthritis simply means 'aches and pains when you get old'. In fact, the term 'arthritis' is used to describe around two hundred conditions affecting the bones, joints and muscles, some of which can also cause the immune system to attack and seriously damage internal organs.

The research results were announced to launch the charity's National Arthritis Week which runs from 8th – 14th October 2012 and aims to bust common myths around arthritis and musculoskeletal conditions.

Alan Silman, Arthritis Research UK medical director, said:

“One in six people in the UK are affected by arthritis, and anyone at any age can be affected. Our National Arthritis Week survey reveals that while most people think they have a good understanding of arthritis, for many people this understanding is actually unfounded as they believe common arthritis myths.

It is particularly concerning that 3 in 10 (29 per cent) people in Great Britain believe that nothing much can be done to treat arthritis and that people affected just have to live with joint pain, and that the same proportion (32 per cent) would wait a few weeks before consulting a healthcare professional about pain in their joints.



Early diagnosis and treatment can make a huge difference to the prognosis and outcome of inflammatory arthritis. There may be many people in the UK living with painful joints and reduced quality of life who have not consulted their GP and are not aware of the many treatments and self-help measures that could drastically relieve their pain.”

The survey also revealed that

- Nearly half (48 per cent) of the population of Great Britain believe or are unsure whether cracking your knuckles can cause arthritis. Research has shown that it may be linked to ligament damage, but it does not cause arthritis.
- 1 in 5 people in Great Britain do not believe being overweight makes you more likely to get arthritis, when in fact it is the strongest risk factor involved in the development of osteoarthritis.
- 25 per cent believe that if you have neck, back or joint pain you should not exercise. The truth however, is that at the right level exercise can ease stiffness, improve joint movement and strengthen muscles.
- Nearly a quarter (22 per cent) believed arthritis is inevitable when you get old. In fact you can develop it at any age and many older people do not develop it at all. A combination of risk factors influences the development of arthritis, including genetics and obesity.

Three-year-old Rosie Jupp from Leigh-on-Sea, Essex, was recently diagnosed with juvenile idiopathic arthritis (JIA) after her parents Peter and Louise noticed that she began to wince in pain when they encouraged her to walk around as normal.

Peter Jupp says,

“Rosie’s symptoms rapidly got worse and within a matter of weeks she would begin most mornings crying in what seemed like pain, and refusing to get up from the sofa after she’d had her milk.

“We have had to watch Rosie go through so much and as parents it has been heartbreaking so see her undergo the constant hospital visits and tests to get a diagnosis.

“There needs to be a greater social awareness of the disease. There is currently no cure for the chronic condition but without the pioneering research by Arthritis Research UK my little girl - and many other children like her - would undoubtedly be wheelchair-bound.”

For more information about the common arthritis myths, treatments available and Arthritis Research UK’s National Arthritis Week visit www.nationalarthritisweek.org.uk. - See more at: <http://www.arthritisresearchuk.org/news/press-releases/2012/october/charity-survey-reveals-poor-public-understanding-of-arthritis-in-great-britain.aspx#sthash.vK1SP7sO.dpuf>